## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 07, 2001 8:00 am Secretary of State DOCUMENT # F9600004021 V. PAULIUS AND ASSOCIATES CORPORATION 02-07-2001 90198 012 \*\*\*150.00 Principal Place of Business Mailing Address 54 WEST ALLENDALE AVE. 54 WEST ALLENDALE AVE. ALLENDALE NJ 07401 ALLENDALE NJ 07401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-1854335 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name VAGELL, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 1506 OCEAN WAY JUPITER FL 33477 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Change ☐ Addition NAME LAUCIUS, HENRY NAME STREET ADDRESS 7 BOULDER RUN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PATERSON NJ 07501 TITLE ☐ Delete TITLE Change ☐ Addition NAME PAULIUS, ROBERT NAME **684 W CRESCENT AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALLENDALE NJ 07401 CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME PAULIUS, RAYMOND NAME STREET ADDRESS 32 IVERS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALLENDALE NJ 07401 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PERAZZO, CHRISTINE NAME STREET ADDRESS 1816 BALDWIN FARMS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIETTA GA 30068 TITLE ☐ Delete TITLE ☐ Addition NAME VAGELL, CHARLES J NAME STREET ADDRESS 1506 OCEAN WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Jupiter FL 33477 TITLE TITLE EVP Change . Addition NAME KRAMER, LAWRENCE F NAME KRAMER, LAWRENCE F 12 AMETHYST LANE STREET ADDRESS 114 EAST 38TH ST. STREET ADDRESS CITY-ST-ZIP PATERSON. NJ 07501 CITY-\$T-ZIP PATERSON NJ 07514

FILED

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with attachment with an address, with attachment with an address, with a total control of the corporation or the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date