

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004306

1. Entity Name
BVI INDUSTRIES, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90012 003 ***550.00

Principal Place of Business

4667 SOMERTON ROAD
TREVOSE PA 19053

Mailing Address

4667 SOMERTON ROAD
TREVOSE PA 19053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 23-1939778

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC
NAME BELSINGER, JACK R JR
STREET ADDRESS 754 LAUREL LANE
CITY-ST-ZIP STRAFFORD PA 19087 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VVC
NAME CARROLL, THOMAS F
STREET ADDRESS 1849 WRIGHTSTOWN ROAD
CITY-ST-ZIP WASHINGTON CROSSING PA 18977 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TSD
NAME DEARNLEY, BRUCE
STREET ADDRESS 565 MASON DRIVE
CITY-ST-ZIP BLUE BELL PA 19002 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CARROLL, CHRISTINE M
STREET ADDRESS 1849 WRIGHTSTOWN ROAD
CITY-ST-ZIP WASHINGTON CROSSING PA 18977 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MIELE, P M
STREET ADDRESS 940 LONGHORNE YARDLEY RD
CITY-ST-ZIP LANGHORNE PA 19047 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME TILKER, W
STREET ADDRESS 600 ALBRT AVE
CITY-ST-ZIP LAKEWOOD NJ 08701 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing 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 or 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-00

Date

215-396-8900

Daytime Phone #

CR2E034 (5/00)