

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90107 012 ***550.00

0120210 AT

DOCUMENT # F96000005341

1. Entity Name
SCARSNECK DESIGN, LTD. INC.

Principal Place of Business

**19 KOLBERT DR
 SCARSDALE NY 10583**

Mailing Address

**19 KOLBERT DR
 SCARSDALE NY 10583**

2. Principal Place of Business

21 INDIAN HILL ROAD

Suite, Apt. #, etc.

NEW ROCHELLE

City & State

NY.

Zip

10804

Country

WESTCHESTER

3. Mailing Address

21 INDIAN HILL ROAD

Suite, Apt. #, etc.

NEW ROCHELLE

City & State

NY

Zip

10804

Country

WESTCHESTER



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3695353

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KORN, CORRINE R ESQ

5950 W OAKLAND PARK BLVD

LAVDERHILL FL 33313

7. Name and Address of New Registered Agent

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 12, 2001 Fee 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DCP
 ECKER, ILENE
 19 KOLBERT DR
 SCARSDALE NY 10583** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition
**21 INDIAN HILL ROAD
 NEW ROCHELLE, NY 10804**

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

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/2001

Date

Daytime Phone #

CR2E034 (5/01)