

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006767

1. Entity Name

NATIONAL ACCOUNTS INC.

Principal Place of Business

28 HILL RD
STE A
PARSIPPANY NJ 07054

Mailing Address

28 HILL RD
STE A
PARSIPPANY NJ 07054

2. Principal Place of Business

267 ROUTE 46 EAST

3. Mailing Address

267 ROUTE 46 EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DENVILLE, NJ

City & State

DENVILLE, NJ

Zip

07834

Country

USA

Zip

07834

Country

USA

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 VCEO
NAME DUBNOFF, RICHARD
STREET ADDRESS 28 HILL RD
CITY-ST-ZIP PARSEPPANY NJ 07054 ☐ Delete

TITLE P
NAME LANG, NEIL
STREET ADDRESS 28 HILL RD
CITY-ST-ZIP PARSEPPANY NJ 07054 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME RICHARD DUBNOFF
STREET ADDRESS 267 ROUTE 46 EAST
CITY-ST-ZIP DENVILLE, NJ 07054 ☒ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-12-2001 90037 013 ***150.00



DO NOT WRITE IN THIS SPACE

041025

CR2E034 (10/00)

4/27/01 973-364-1910