

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000000832**

1. Entity Name

THE PREFERRED COMPANIES**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90061 048 ***158.75

04933

Principal Place of Business

**SIX NESHAMINY INTERPLEX SUITE 205
TREVOS PA 19053**

Mailing Address

**SIX NESHAMINY INTERPLEX SUITE 205
TREVOS PA 19053**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2339319**

Applied For

Not Applicable

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

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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 State10. 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 **PD** ☐ Delete
NAME **MATTHEW, RICHARD L**
STREET ADDRESS **706 KNOX ROAD**
CITY-ST-ZIP **VILLANOVA PA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **WALSH, THOMAS J**
STREET ADDRESS **102 MICHAELS CT**
CITY-ST-ZIP **CHALFONT PA 18914**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PCEO** ☐ Delete
NAME **WAHR, RICHARD M**
STREET ADDRESS **845 PARKWAY RD**
CITY-ST-ZIP **ALLENTOWN PA 18104**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **TOCHER, JEAN M**
STREET ADDRESS **2250 BOYD RD APT D**
CITY-ST-ZIP **HUNTINGTON VALLEY PA 19006**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **COB** ☐ Delete
NAME **DRISCOLL, DOROTHY**
STREET ADDRESS **1201 CHAMPLAIN DR**
CITY-ST-ZIP **VOORHEES NJ 08043**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: Thomas J. Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)