

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001706

1. Entity Name

ALS OF NORTH CAROLINA, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90205 002 \*\*\*150.00

Principal Place of Business

Mailing Address

708 BLAIR MILL ROAD  
WILLOW GROVE PA 19090

708 BLAIR MILL ROAD  
WILLOW GROVE PA 19090-1701

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

56-1482029

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

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	ASPLUNDH, STEWART L	3115 PAPERMILL RD HUNTINGDON VALLEY PA 19006	<input type="checkbox"/>
	V	CASSEL, LAWRENCE J	107 WHISPERWOOD CT ABINGDON MD 21009	<input checked="" type="checkbox"/>
	ST	DWYER, JOSEPH P	419 SHOEMAKER WAY LANSDALE PA 19446	<input type="checkbox"/>
	AS	DURICEK, CYRIL P JR	233 MUSKET CIRCLE LANSDALE PA 19446	<input checked="" type="checkbox"/>
	AS	ZUKOWSKI, CLAUDE	3302 CLINTON RD FAYETTEVILLE NC 28301	<input type="checkbox"/>
	AS	STAPOLA, DENNIS A	36 BUCKWALTER RD AUDUBON PA 19407	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D			<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SECRETARY OF STATE 1/7/00 215 784 4200

CR2E034 (9/99)