

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001194

1. Entity Name
DOUGLAS SALES MANAGEMENT, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90013 010 ***550.00

Principal Place of Business
317 GODWIN AVE
MIDLAND PARK NJ 07432

Mailing Address
317 GODWIN AVE
MIDLAND PARK NJ 07432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-3377860

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

WRIGHT, BRYAN C
1280 E. CLEVELAND
FLCW5650
CLEARWATER FL 33755

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 PD
NAME DITTRICK, DOUGLAS H
STREET ADDRESS 364 MANCHESTER ROAD
CITY-ST-ZIP RIDGEWOOD NJ 07450 ☐ Delete

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

TITLE V
NAME COX, OWEN L JR
STREET ADDRESS BIG WALKER MOUNTAIN, BOX KK (N/A)
CITY-ST-ZIP SALTVILLE VA 24370 ☐ Delete

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

TITLE S
NAME IRVING, MARYANN
STREET ADDRESS 15 WATERFORD DRIVE
CITY-ST-ZIP MONTVILLE NJ 07045 ☐ Delete

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

TITLE C
NAME RICKS, JAY E
STREET ADDRESS 425 ROSEMEADE LANE
CITY-ST-ZIP NAPLES FL 33999 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 of Douglas H. Dittrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS H. DITTRICK 8/10/00 (201) 444-1700

Date

Daytime Phone #

CR2E034 (5/00)