

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90102 043 ***150.00

DOCUMENT # F98000001668

1. Entity Name

STRATUS SERVICES GROUP, INC.

Principal Place of Business

Mailing Address

500 CRAIG RD. STE 201
 MANALAPAN NJ 07726

500 CRAIG RD. STE 201
 MANALAPAN NJ 07726-8748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3499261

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	D	<input type="checkbox"/> Delete
NAME	RUTKIN, MICHAEL J	
STREET ADDRESS	15 WILKINSON RD	
CITY-ST-ZIP	RANDOLPH NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAYMOND, J T	
STREET ADDRESS	29 CORONET AVE	
CITY-ST-ZIP	LINCROFT NJ	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RAYMOND, JOSEPH J	
STREET ADDRESS	17140 CORAL COVE WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINGSTON, HARRY R	
STREET ADDRESS	78-312 BONANZA DR	
CITY-ST-ZIP	PALM DESERT CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	AMALTZMAN, MICHAEL	
STREET ADDRESS	206 MUSKFLOWER CT	
CITY-ST-ZIP	TOMS RIVER NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEIDT, DONALD	
STREET ADDRESS	13 NORMANDY DR	
CITY-ST-ZIP	WESTFIELD NJ 07091	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALTZMAN, MICHAEL A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

Michael A. Maltzman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00 (732) 866-0300

CR2E034 (9/99)