

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001874

1. Entity Name

CRUMP OF NEW JERSEY, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90052 001 ***150.00

Principal Place of Business
485 ROUTE 1 SOUTH, PLAZA E
ISELIN NJ 08830

Mailing Address
7557 RAMBLER ROAD
#350
DALLAS TX 75231-4142
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address *c/o SEABURY & SMITH*
1166 AVE OF THE AMERICAS
Suite, Apt. #, etc.
31ST FL

City & State
NEW YORK, NY

Zip
10036

Country

4. FEI Number 22-3567488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
City PLANTATION FL Zip Code 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

This corporation is not able to satisfy its Intangible Tax filing requirements 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICCARELLI, CHARLES J 485 ROUTE 1 SOUTH, PLAZA E ISELIN NJ 08830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIXON, WILLIAM 485 ROUTE 1 SOUTH, PLAZA E ISELIN NJ 08830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANNING, KAY 7557 RAMBLER ROAD DALLAS TX 75231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'BRIEN, PATRICK R 7557 RAMBLER ROAD DALLAS TX 75231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JONES, ORVILLE D 7557 RAMBLER ROAD DALLAS TX 75231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, MARCUS 7557 RAMBLER ROAD DALLAS TX 75231	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

JEFF SCHLINGBAUM / TREASURER

Date

Daytime Phone #

4/28/00

CR2E034 (9/99)