

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90019 032 ***150.00

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 AT

DOCUMENT # F98000003982
 1. Entity Name
CLYDE N. LATTIMER & SON CONSTRUCTION CO., INC.

Principal Place of Business Mailing Address
228 NORTH ROUTE 73 **228 NORTH ROUTE 73**
BERLIN NJ 08009 **BERLIN NJ 08009**

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 **22-2471593** 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

~~FRENCH, TED~~
% DICKINSON, GIBBONS
1750 RINGLING BLVD.
SARASOTA FL 34236

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be Added to Fees ☒ Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	NAME	LATTIMER, SCOTT R	STREET ADDRESS	20 MUIRFIELD COURT	CITY-ST-ZIP	MEDFORD NJ 08055	<input type="checkbox"/> Delete
TITLE	V	NAME	GOLDSMITH, KEVIN C	STREET ADDRESS	1649 SILVER BIRCH ROAD	CITY-ST-ZIP	WILLIAMSTOWN NJ 08094	<input checked="" type="checkbox"/> Delete
TITLE	S	NAME	MCGROARTY, JAMES B	STREET ADDRESS	28 BRANDYWINE ROAD	CITY-ST-ZIP	LAUREL SPRINGS NJ 08053	<input type="checkbox"/> Delete
TITLE	TD	NAME	LATTIMER, BARBARA A	STREET ADDRESS	1 MORNING GLORY DRIVE	CITY-ST-ZIP	MARLTON NJ 08053	<input type="checkbox"/> Delete
TITLE	C	NAME	LATTIMER, CLYDE N	STREET ADDRESS	1 MORNING GLORY DRIVE	CITY-ST-ZIP	MARLTON NJ 08053	<input type="checkbox"/> Delete
TITLE	VP	NAME	PETERSON, THEODORE L	STREET ADDRESS	107 COUNTRY LANE	CITY-ST-ZIP	SICKLERVILLE NJ 08081	<input type="checkbox"/> Delete

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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

215-02 (856) 768-3700

CR2E034 (9/01)