Daytime Phone #

## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # F98000006758 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name MONTBLANC, INC. (NJ) 04-21-2000 90103 047 \*\*\*150.00 Mailing Address Principal Place of Business 75 NORTH ST. PO BOX 518 BLOOMSBURY NJ 08804 BLOOMSBURY NJ 08804-0518 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 22-3389460 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name MARTIN, AVERY Street Address (P.O. Box Number is Not Acceptable) 104 SUNFISH JUPITER FL 33477 Zip Code City FL 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. COMPANY OF SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) 3: . 🗆 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition ☐ Delete TITLE NAME MARTENS, KARSTEN NAME STREET ADDRESS STREET ADDRESS 26 MAIN ST CITY-ST-ZIP CITY-ST-ZIP **CHATHAM NJ 07928** ☐ Addition ☐ Delete TITI F ☐ Change TITLE COUGHLAN, DESMOND NAME NAME STREET ADDRESS STREET ADDRESS 26 MAIN ST CITY-ST-7IP CITY-ST-ZIP **CHATHAM NJ 07928** Change ☐ Addition TITLE CD. ☐ Delete TITLE PLATT, NORBERT NAME NAME STREET ADDRESS STREET ADDRESS 26 MAIN ST CITY-ST-ZIP **CHATHAM NJ** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE WALSH, EDWARD NAME NAME 26 MAIN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHATHAM NJ TITLE ☐ Delete TITLE Change ■ Addition NAME HARTUNIAN, N NAME STREET ADDRESS 26 MAIN ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHATHAM NJ Change \_\_\_ Addition TITLE AT ☐ Delete TITLE FRANKO, BILL NAME NAME STREET ADDRESS STREET ADDRESS 75 NORTH ST PO BOX 518 CITY-ST-ZIP CITY-ST-7IP **BLOOMSBURY NJ 08804** 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 a state-floring that he address with all ther like appeared. changed, or on an attachment with an address, with all other like er

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR