

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90165 045 ***150.00

DOCUMENT # F98000006758

1. Entity Name
MONTBLANC, INC. (NJ)

Principal Place of Business Mailing Address
75 NORTH ST. **PO BOX 518**
BLOOMSBURY NJ 08804 **BLOOMSBURY NJ 08804**
US

748600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6000 Glades Road **252 Broadhead Road**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1083 **Suite 500**

City & State City & State
Boca Raton, FL **Bethlehem PA**

Zip Country Zip Country
33431 **United States** **18017** **United States**

4. FEI Number **22-3389460** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, AVERY
104 SUNFISH
JUPITER FL 33477

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	MARTENS, KARSTEN	
STREET ADDRESS	26 MAIN ST	
CITY-ST-ZIP	CHATHAM NJ 07928	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COUGHLAN, DESMOND	
STREET ADDRESS	26 MAIN ST	
CITY-ST-ZIP	CHATHAM NJ 07928	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PLATT, NORBERT	
STREET ADDRESS	26 MAIN ST	
CITY-ST-ZIP	CHATHAM NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALSH, EDWARD	
STREET ADDRESS	26 MAIN ST	
CITY-ST-ZIP	CHATHAM NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTUNIAN, N	
STREET ADDRESS	26 MAIN ST	
CITY-ST-ZIP	CHATHAM NJ	
TITLE	AT	<input type="checkbox"/> Delete
NAME	FRANKO, BILL	
STREET ADDRESS	75 NORTH ST PO BOX 518	
CITY-ST-ZIP	BLOOMSBURY NJ 08804	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Franko, Bill
STREET ADDRESS	252 Broadhead Rd #500
CITY-ST-ZIP	Bethlehem PA 18017

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:

William Franko **William Franko**

3-26-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)