

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90187 021 ***550.00

DOCUMENT # F99000001106

1. Entity Name
IRWIN SIEGEL AGENCY INC.

Principal Place of Business
PO BOX 309
25 LAKE LOUISE MARIE RD.
ROCK HILL NY 12775

Mailing Address
PO BOX 309
25 LAKE LOUISE MARIE RD.
ROCK HILL NY 12775



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1624703

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 | P | <input type="checkbox"/> Delete |
| NAME | SIEGEL, IRWIN | |
| STREET ADDRESS | 126 LAKESHORE DRIVE WEST | |
| CITY-ST-ZIP | ROCK HILL NY 12775 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SIEGEL, HOWARD A | |
| STREET ADDRESS | 8 MANOR DRIVE | |
| CITY-ST-ZIP | MONTICELLO NY 12701 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | SIEGEL, MARCIA | |
| STREET ADDRESS | 126 LAKE SHORE DRIVE WEST | |
| CITY-ST-ZIP | ROCK HILL NY 12775 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---|--|
| TITLE | CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VICE PRESIDENT SECRETARY / TREASURER | <input checked="" 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 | | |

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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-02 845-796-3400

Date

Daytime Phone #

CR2E034 (4/02)