

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002187

1. Entity Name

VOLTAIX, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90027 020 ***150.00

Principal Place of Business

Mailing Address

197 MEISTER AVENUE
NORTH BRANCH NJ 08876

197 MEISTER AVENUE
NORTH BRANCH NJ 08876-6022

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 22-2711203

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

LANG, JAMES F
211 N.E. FIRST STREET
GAINESVILLE FL 32601-5367

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCD			
	NEUFVILLE, JOHN P	197 MEISTER AVENUE	NORTH BRANCH NJ	
	V			
	STEEVES, GARY	176 WESTERN AVENUE	MORRISTOWN NJ	
	T			
	HERSON, JONATHAN	268 ROCKY RUN	GLEN GARDNER NJ	
	VICE PRESIDENT			
	MIKE PIKULIN	559 WINSOR ST	BOUND BROOK NJ 08805	
	VICE PRESIDENT			
	TOM PLATZKE	14 DOUGLAS DR	TOWACO NJ 07062	

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

JONATHAN HERSON

Date

Daytime Phone #

1/28/00 908-231-9060 X 14

CR2E034 (9/99)