

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90659 009 ***150.00

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1. Entity Name
WILLIAM F. COSULICH ASSOCIATES, P.C.



Principal Place of Business

**330 CROSSWAYS PARK DRIVE
WOODBURY NY 11797-2015**

Mailing Address

**330 CROSSWAYS PARK DRIVE
WOODBURY NY 11797-2015**

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

11-2393559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTCD** ☐ Delete
NAME **BARTILUCCI, NICHOLAS J**
STREET ADDRESS **355 STILLWELL LANE**
CITY-ST-ZIP **LAUREL HOLLOW NY 11791**

TITLE **VSD** ☐ Delete
NAME **CHLUPSA, HENRY J**
STREET ADDRESS **3 CLOVER DRIVE**
CITY-ST-ZIP **SMITHTOWN NY 11787**

TITLE **D** ☐ Delete
NAME **MAHER, THOMAS F**
STREET ADDRESS **20 BEECHWOOD DRIVE**
CITY-ST-ZIP **GLEN HEAD NY 11545**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **ROBERT T. BURNS**
STREET ADDRESS **8 HEIKO CT.**
CITY-ST-ZIP **FORT SALONGA, NY 11768**

TITLE **V** ☐ Change ☒ Addition
NAME **STEVEN A. FANGMANN**
STREET ADDRESS **239 SOUTHWOOD CIRCLE**
CITY-ST-ZIP **SYOSSET, NY 11791**

TITLE **V/D** ☒ Change ☐ Addition
NAME **THOMAS F. MAHER**
STREET ADDRESS **20 BEECHWOOD DRIVE**
CITY-ST-ZIP **GLEN HEAD NY 11545**

TITLE **V** ☐ Change ☒ Addition
NAME **RICHARD M. WALKA**
STREET ADDRESS **12 CREEK RIDGE RD.**
CITY-ST-ZIP **BAYVILLE, NY 11709**

TITLE **V** ☐ Change ☒ Addition
NAME **THEODORE S. PYTLAR**
STREET ADDRESS **55 RUSTIC TRAIL**
CITY-ST-ZIP **RARITAN TOWNSHIP, NJ 08822**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NICHOLAS J. BARTILUCCI, PRESIDENT 1/7/03 516-364-9890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)