

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004289

1. Entity Name
DURADEX, INCORPORATED

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90091 001 ***550.00

Principal Place of Business

202 MAIN AVENUE
CLIFTON NJ 07011

Mailing Address

202 MAIN AVENUE
CLIFTON NJ 07011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1656579**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 32301-2525

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	FISHER, THOMAS H	
STREET ADDRESS	2 CHESTNUT RIDGE COURT	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, ANTHONY L III	
STREET ADDRESS	14 HANCOCK COURT	
CITY-ST-ZIP	MONTVILLE NJ 07045	
TITLE	CDST	<input type="checkbox"/> Delete
NAME	FISHER, GERARDA C	
STREET ADDRESS	2 CHESTNUT RIDGE COURT	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGER, KATHRYN L	
STREET ADDRESS	625 FLOYD STREET	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKSON, LEIGH A	
STREET ADDRESS	2 CHESTNUT RIDGE COURT	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	
TITLE		<input type="checkbox"/> Delete
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	
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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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00 973-773 0660
Date Daytime Phone #

CR2E034 (5/00)