

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90205 001 ***150.00

DOCUMENT # P04920

1. Entity Name

CENTRAL LOCATING SERVICE, LTD. CORPORATION

Principal Place of Business

Mailing Address

708 BLAIR MILL RD
 WILLOW GROVE PA 19090
 US

708 BLAIR MILL RD
 WILLOW GROVE PA 19090-1701
 US

004000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1183920

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

CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324

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	P	<input type="checkbox"/> Delete
NAME	LANZAFAME, SAMUEL J.	
STREET ADDRESS	425 ELIZABETH ST.	
CITY-ST-ZIP	ONEIDA NY	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, JAMES E	
STREET ADDRESS	3750 CONCORD RD.	
CITY-ST-ZIP	DOYLESTOWN PA 18901	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURK, PATRICK J	
STREET ADDRESS	5 CANTERBURY RD.	
CITY-ST-ZIP	BALDWINVILLE NY 13027	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAITI, ROBERT J	
STREET ADDRESS	10140 PENNYMIX RD.	
CITY-ST-ZIP	CAMDEN NY 13316	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DWYER, JOSEPH P	
STREET ADDRESS	419 SHOEMAKER WAY	
CITY-ST-ZIP	LANSDALE PA 19446	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RAITI, ROBERT J	
STREET ADDRESS	10140 PENNYMIX RD.	
CITY-ST-ZIP	CAMDEN NY 13316	

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 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]*

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SILVIA J. JAVIERA 1/7/00 215 784 420

CR2E034 (9/99)