

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90641 044 ***150.00

DOCUMENT # P18278

1. Entity Name

John Maneely Company

Principal Place of Business

Mailing Address

900 Haddon Avenue

900 Haddon Avenue

Collingswood NJ
08108-0600

Attn: Denise Clark
Collingswood NJ 08108-0600

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

23-1327437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0069757

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Simons, Philip
3599 Northwest 54th Ave.
Miami, FL 33142

Name: Moises Montanez
Street Address (P.O. Box Number is Not Acceptable):
3599 Northwest 54th Ave.
City: Miami FL Zip Code: 33142

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

Moises Montanez

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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, 2001 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: CD ☐ Delete
NAME: O'Donnell, James E.
STREET ADDRESS: 1220 South Park Avenue
CITY-ST-ZIP: Haddon Heights, NJ 08035

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

TITLE: PD ☐ Delete
NAME: Wahl, CR
STREET ADDRESS: 8 E Centennial Dr.
CITY-ST-ZIP: Medford NJ

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

TITLE: V ☐ Delete
NAME: Kerins, William
STREET ADDRESS: 1215 Brandywine Dr.
CITY-ST-ZIP: Hermitage, PA 16148

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

TITLE: SD ☐ Delete
NAME: Doaner, Marie E.
STREET ADDRESS: 436 Inverary Drive
CITY-ST-ZIP: Villanova PA

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

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

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

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

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

James M. Dunn, Corporate Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001
Date

856-854-5400
Daytime Phone #

CR2E034 (11/00)