

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90033 017 \*\*\*150.00

**DOCUMENT # P22337**

**1. Entity Name**  
**CLINIQUE SERVICES INC.**

**Principal Place of Business**  
**7 CORPORATE CENTER DR**  
**ATTN: TAX DEPT.**  
**MELVILLE NY 11747**  
**US**

**Mailing Address**  
**7 CORPORATE CENTER DR**  
**ATTN: TAX DEPT.**  
**MELVILLE NY 11747**  
**US**

**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** **13-3488722** **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**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VPT** ☐ Delete  
**NAME** **GILBIAN, GERALD**  
**STREET ADDRESS** **7 CORPORATE CENTER DR**  
**CITY-ST-ZIP** **MELVILLE NY 11747**

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

**TITLE** **VPS** ☐ Delete  
**NAME** **KONNEY, PAUL E**  
**STREET ADDRESS** **7 CORPORATE CENTER DR**  
**CITY-ST-ZIP** **MELVILLE NY 11747**

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

**TITLE** **T** ☐ Delete  
**NAME** **STACK, TERENCE**  
**STREET ADDRESS** **7 CORPORATE CENTER DR**  
**CITY-ST-ZIP** **MELVILLE NY 11747**

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

**TITLE** **D** ☐ Delete  
**NAME** **LANGHAMMER, FRED H.**  
**STREET ADDRESS** **7 CORPORATE CENTER DR**  
**CITY-ST-ZIP** **MELVILLE NY 11747**

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

**TITLE** **PD** ☐ Delete  
**NAME** **LAUDER, W P**  
**STREET ADDRESS** **7 CORPORATE CENTER DR**  
**CITY-ST-ZIP** **MELVILLE NY 11747**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **AS** ☐ Change ☒ Addition  
**NAME** **James Schwecherl**  
**STREET ADDRESS** **7 Corporate Center Dr.**  
**CITY-ST-ZIP** **Melville, NY 11747**

**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 603, 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

**James P. Schwecherl**  
 Assistant Secretary

**1/8/02** **631-847-6326**  
 Date Daytime Phone #

CR2E034 (9/01)