

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90128 044 \*\*\*150.00

**DOCUMENT # P24281**

1. Entity Name:

**J. FLETCHER CREAMER & SON, INC.**

Principal Place of Business

Mailing Address

101 E BROADWAY  
 HACKENSACK NJ 07601

101 E BROADWAY  
 HACKENSACK NJ 07601-6832

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **21-0665029**

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 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  Delete  
 NAME **VD**  
 STREET ADDRESS **CREAMER, DALE A**  
 CITY-ST-ZIP **631 PALISADE AVE  
 CLIFFSIDE PARK NY**

TITLE  Change  Delete  
 NAME **YD**  
 STREET ADDRESS **CREAMER, DALE A.**  
 CITY-ST-ZIP **426 AIRMOUNT AVENUE  
 RAMSEY, NJ**

TITLE  Delete  
 NAME **TD**  
 STREET ADDRESS **CREAMER, GLENN L**  
 CITY-ST-ZIP **8 ARROWHEAD CT  
 RAMSEY NJ**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **AS**  
 STREET ADDRESS **SCHETZ, ROBERT M.**  
 CITY-ST-ZIP **237 ATISON RD  
 MEDFORD NJ**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **CREAMER, J. FLETCHER, JR**  
 CITY-ST-ZIP **49 E. SADDLE RIVER ROAD  
 SADDLE RIVER NJ**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V**  
 STREET ADDRESS **SUPPA, ANTHONY C**  
 CITY-ST-ZIP **21 TELFORD LANE  
 MOUNT LAUREL NJ**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
 STREET ADDRESS **MARAFINO, ESTELLE R**  
 CITY-ST-ZIP **41 VAN ORDEN RD  
 HARRINGTON PARK NJ**

TITLE  Change  Delete  
 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:

*J. Fletcher Creamer, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. FLETCHER CREAMER, JR. PRESIDENT** 1/17/2000

Date (201) 488-9800 Daytime Phone #