

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91020 004 \*\*\*150.00

**DOCUMENT # P35406**

1. Entity Name  
**ROUX ASSOCIATES, INC.**



Principal Place of Business  
**1377 MOTOR PARKWAY  
SUITE 403  
ISLANDIA NY 11749  
US**

Mailing Address  
**1377 MOTOR PARKWAY  
SUITE 403  
ISLANDIA NY 11749  
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 **11-2579482**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BUCKSILVER, HAROLD, CPA**  
STREET ADDRESS **4 GIFFARD WAY**  
CITY-ST-ZIP **MELVILLE NY**

TITLE **CDT** ☐ Delete  
NAME **ROUX, PAUL**  
STREET ADDRESS **20 LLOYD POINT DR**  
CITY-ST-ZIP **HUNTINGTON NY 11743**

TITLE **DV** ☒ Delete  
NAME **LOPER, JOHN**  
STREET ADDRESS **1407 TALLOW COURT**  
CITY-ST-ZIP **SEABROOK TX 77586**

TITLE **VPCF** ☐ Delete  
NAME **POTTER, AMY**  
STREET ADDRESS **1907 GILDENBOROUGH COURT**  
CITY-ST-ZIP **MIDLOTHIAN VA 23113**

TITLE **PDS** ☐ Delete  
NAME **SWANSON, DOUGLAS**  
STREET ADDRESS **6 CARLSON COURT**  
CITY-ST-ZIP **KINGS PARK NY 11754**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☐ Change ☒ Addition  
NAME **Neil Ram**  
STREET ADDRESS **41 Hemlock Street**  
CITY-ST-ZIP **Needham, MA**

TITLE **DV** ☐ Change ☒ Addition  
NAME **Steven Sadiker**  
STREET ADDRESS **10 Diellen Court**  
CITY-ST-ZIP **Commack, NY 11725**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

**Douglas J. Swanson**

**3/17/03**

Date

**631-232-2600**

Daytime Phone #

CR2E034 (10/02)