

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90482 004 ***150.00

06/8315 AT

DOCUMENT # P36639

1. Entity Name

AVIS SERVICE, INC.

Principal Place of Business

**900 OLD COUNTRY ROAD
GARDEN CITY NY 11530**

Mailing Address

**900 OLD COUNTRY ROAD
GARDEN CITY NY 11530**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Parsippany NJ
07054 USA**

City & State

Zip Country

4. FEI Number

11-2811732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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.

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALERNO, F. ROBERT 28 KATONAH WOODS RD. KATONAH NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, KEVIN 1 FOX RUN LLOYD HBR NY 11713	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLLINS, MICHAEL P. 3 GREAT NECK CT. HUNTINGTON NY 11743	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP KENNELL, GERARD J 41 EASTGATE RD WAINSCOTT NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBSONI, RICHARDS S 36 GAINESVILLE DR PLAINVIEW NY 11803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCLAFANI, KAREN C 14 OAK POINT DR N BAYVILLE NY 11709	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Salerno, F. Robert 6 Sylvan Way Parsippany NJ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chidsey, John W. 6 Sylvan Way Parsippany NJ 07054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Collins, Michael P. 6 Sylvan Way Parsippany, NJ 07054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP Cocroft, Duncan H. 1 Campus Drive Parsippany, NJ 07054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Huber, Joseph 1 Campus Drive Parsippany, NJ 07054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bock, Eric J. 9 West 57th Street New York NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(5)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)