

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90029 031 ***150.00

DOCUMENT # P37426

1. Entity Name

BASE TYPE, INC.

Principal Place of Business

Mailing Address

56 CHURCH ST
SPRING VALLEY NY 10977
US

56 CHURCH ST
SPRING VALLEY NY 10977
US

2. Principal Place of Business

100 Red Schoolhouse Rd.

3. Mailing Address

100 Red Schoolhouse Rd.

Suite, Apt. #, etc.

Bldg. C, Unit 13

Suite, Apt. #, etc.

Bldg. C, Unit 13

City & State

Chestnut Ridge, New York

City & State

Chestnut Ridge, New York

Zip

10977-6715

Country

USA

Zip

10977-6715

Country

USA

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, 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 VCD ☒ Delete
NAME SCHMIDT, ARTHUR W., JR.
STREET ADDRESS 100 HIGHVIEW AVE.
CITY-ST-ZIP NANUET NY

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

TITLE VD ☐ Delete
NAME SCHMIDT, ALICE D.
STREET ADDRESS 100 HIGHVIEW AVE.
CITY-ST-ZIP NANUET NY

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

TITLE VSD ☐ Delete
NAME BECKER, PAUL L
STREET ADDRESS 6 LARKSPUR COURT
CITY-ST-ZIP NEW CITY NY

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

TITLE TD ☐ Delete
NAME TITTLE, DAVID E
STREET ADDRESS 30 IVY HILL ROAD
CITY-ST-ZIP CHAPPAQUA NY

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

TITLE PD ☐ Delete
NAME SCHMIDT, ROBERT F
STREET ADDRESS 111 CRAIGE LANE
CITY-ST-ZIP INVERNESS IL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
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 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 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 #

VICE PRESIDENT

PAUL L. BECKER

3/8/2000

CR2E034 (9/99)