

2000 UNIFORM BUSINESS REPORT (UBR)

6.

FILED
Jul 21, 2000 8:00 am
Secretary of State

06-20-2000 90011 047 ***150.00

DOCUMENT # P39698

1. Entity Name

STORES AUTOMATED SYSTEMS, INC.



Principal Place of Business

Mailing Address

311 SINCLAIR ST
 BRISTOL PA 19007

311 SINCLAIR ST
 BRISTOL PA 19007-1524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2329088**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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.
1261 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 NAME STREET ADDRESS CITY - ST - ZIP	P GREENBERG, BERNARD 1360 ADAMS ROAD BENSALEM PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD GREENBERG, STANLEY 1360 ADAMS ROAD BENSALEM PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PARAMITO, ALBERT 1360 ADAMS ROAD BENSALEM PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRASS, MARTIN %RAILROAD & TRINDLE ROAD SHIREMANSTOWN PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGONZI, FRANK %RAILROAD & TRINDLE ROAD SHIREMANSTOWN PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DAVID THOMAS 311 SINCLAIR ST. BRISTOL, PA 19007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT JOHN AUSLANDER 311 SINCLAIR ST. BRISTOL, PA 19007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER DAVID THOMAS 311 SINCLAIR ST. BRISTOL, PA 19007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR DAVID THOMAS 311 SINCLAIR ST. BRISTOL, PA 19007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

David Thomas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/00

Date

215-785-4321

Daytime Phone #

CF21 134 (9/99)

SASI

Doc# P39698
308591
STORES AUTOMATED SYSTEMS, INC.
311 SINCLAIR ST.
BRISTOL, PA 19007

July 13, 2000

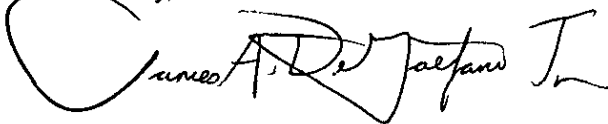
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Included are a returned copy of the year 2000 Uniform Business Report and a notice of incorrect filing. The filing fee after May 1, 2000 is Five Hundred fifty dollars. However, SASI did not receive the form to file and process until the beginning of June, which was after the due date; thus, the late filing and payment. The One Hundred fifty dollars has already been paid and cashed.

Due to the reasons stated forth, SASI is requesting the Division of Corporations to waive the Four Hundred-dollar fee. If there are any questions, please review SASI's prior timely filings to ensure the State of Florida of our punctual payment.

Sincerely,



James A. DeGaetano, Jr.
Accountant