

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

04-10-2002 90652 001 ***150.00

DOCUMENT # P40314

1. Entity Name
ANDESA TPA, INC.

Principal Place of Business
1605 N. CEDAR CREST BLVD.
STE. 502
ALLENTOWN PA 18104
US

Mailing Address
1605 N. CEDAR CREST BLVD.
STE. 502
ALLENTOWN PA 18104
US

39343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2545253**

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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **WALKER, JOHN E**
 STREET ADDRESS **4317 SANCTUALLY WAY**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Change ☒ Addition
 NAME **Smith William C.**
 STREET ADDRESS **3938 W. Greenwood Dr.**
 CITY-ST-ZIP **Bethlehem, PA 18020**

TITLE **D** ☐ Delete
 NAME **BRIGGS, MALCOLM N.**
 STREET ADDRESS **1717 WILDBERRY ROAD**
 CITY-ST-ZIP **BETHLEHEM PA**

TITLE ☐ Change ☒ Addition
 NAME **Collier, P. Vineen**
 STREET ADDRESS **8365 Shadow Pine Way**
 CITY-ST-ZIP **Sarasota, FL 34238**

TITLE **D** ☒ Delete
 NAME **ELLISON, LINDA R**
 STREET ADDRESS **9164 KISTLER VALLEY RD**
 CITY-ST-ZIP **KEMPTON PA 19529**

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

TITLE **D** ☒ Delete
 NAME **STEVEN J. COCHLAN**
 STREET ADDRESS **1030 N. STATE ST.**
 CITY-ST-ZIP **CHICAGO IL**

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

TITLE **T** ☐ Delete
 NAME **YOUNG, RODMAN D**
 STREET ADDRESS **827 W. MARKET ST.**
 CITY-ST-ZIP **BETHLEHEM PA 18018**

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

TITLE **PD** ☐ Delete
 NAME **CLEMENT, CHARLES E**
 STREET ADDRESS **4080 GUBITOSI DR**
 CITY-ST-ZIP **COOPERSBURG PA 18036**

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Clement

7/12/02

610-821-8780

CR2E034 (4/02)



Attachment P40314
39343

July 18, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

In March 2002, we received and filed the Uniform Business Report (UBR) for the year 2002 for Andesa TPA, Inc. (Document # P40314). We have recently received another 2002 UBR for filing which we believe was sent in error. We are returning that form along with the copy of the UBR we originally filed March 26, 2002 and a copy of the cancelled check (#8689) in the amount of \$150.00 which was sent with the original filing.

Please call or email me (kakunsman@andesacorp.com) with any additional information you may need in order to correct this error and to properly credit us for timely filing of the 2002 UBR. Thank-you for your prompt attention to this matter.

Sincerely,

Kathleen A. Kunsman
Accounting

2002 UNIFORM BUSINESS REPORT (UBR)

620288 AT

DOCUMENT # **P40314**

1. Entity Name
ANDESA TPA, INC.

Company Code: 03
Vendor # 6299
Contract # 7335
Field # 32602
Check # _____
Rebill _____
Approved L UB

POSTED
103500

39343

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STE. 502
ALLENTOWN PA 18104
US**

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State
Zip Country Zip Country

4. FEI Number **23-2545253**
Applied For
Not Applicable

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

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STE. 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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**

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TITLE	☐ Change ☐ Addition
NAME	
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☒ Addition
NAME	William C. Smith
STREET ADDRESS	3938 W. Greenwood Drive
CITY-ST-ZIP	Bethlehem, PA 18020
TITLE	☐ Change ☒ Addition
NAME	R. Vincen Collier
STREET ADDRESS	8365 Shadow Pine Way
CITY-ST-ZIP	Sarasota, FL 34238
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 I am an officer or director or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E Clement **Charles E Clement** 3-15-02 610-821-8980
Date Daytime Phone

The following features listed below as well as those
 not listed, are used in the following guide:

• Results of document • Small type in signature • Stains or spots may appear with chemical alteration • White mark appears • Absence of "Original Document" • Variations on back neck	• Iteration: 1:1 • Line appears as dotted line when photocopied • When erased "Original Document" seems appropriate
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