

H040002223593

2004 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P40440			
1. Entity Name UV SALES, INC.			
Principal Place of Business 24 LINK DRIVE ROCKLEIGH, NJ 07647 US		Mailing Address 24 LINK DRIVE ROCKLEIGH, NJ 07647 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
SIGNATURE <i>OPH. Pollet</i> Asst. V.P. 11/05/04		DATE	
FILE DOWN FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESSEL, JOHN 24 LINK DRIVE ROCKLEIGH, NJ 07647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR MICHAEL SUMNER 24 LINK DRIVE ROCKLEIGH, NJ 07647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANO, MARK 34 STATE ST. OSSINING, NY 10662	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR KENT TRABING 24 LINK DRIVE ROCKLEIGH, NJ 07647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ONISHI, JOSH 24 LINK DRIVE ROCKLEIGH, NJ 07647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JACK JEWELL 24 LINK DRIVE ROCKLEIGH, NJ 07647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, DANIEL 24 LINK DRIVE ROCKLEIGH, NJ 07647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRETON MOON 24 LINK DR ROCKLEIGH, NJ 07647
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: <i>LL 7 7</i> DANIEL R. GOAY 11/04/04		201-750-5850	
SIGNATURE AND PRINTED NAME OF SIGNANT OFFICER OR DIRECTOR		DATE	

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Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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CORPORATION REINSTATEMENT

UV SALES, INC.

Certificate of Status	1
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