

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90314 022 ***150.00

0574295 AT

DOCUMENT # P40997

1. Entity Name

FJS PROPERTIES, INC.

Principal Place of Business

**264 ROUTE 537 EAST
 COLTS NECK NJ 07722**

Mailing Address

**264 ROUTE 537 EAST
 COLTS NECK NJ 07722**

2. Principal Place of Business

ONE AIRPORT ROAD

Suite, Apt. #, etc.

3. Mailing Address

ONE AIRPORT ROAD

Suite, Apt. #, etc.

PO Box 2043

City & State

LAKELAND NJ

Zip **08701**

Country

USA

City & State

LAKELAND NJ

Zip **08701**

Country

USA

4. FEI Number

13-3254175

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LIEBOWITZ, SHELDON
 2600 EAST COMMERCIAL BLVD
 SUITE 213
 FT. LAUDERDALE FL 33308**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable.

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 ☐ Delete
 NAME **CP**
 STREET ADDRESS **ALSON, ANDREW C.**
 CITY-ST-ZIP **264 ROUTE 537 EAST
 COLTS NECK NJ 07722**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BATHGATE, LAWRENCE E II**
 CITY-ST-ZIP **ONE AIRPORT RD,
 LAKEWOOD NJ**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **ONE AIRPORT ROAD PO Box 2043**
 CITY-ST-ZIP **LAKELAND NJ 08701**

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

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

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 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: **Andrew C. Alson** **Andrew C. Alson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02
 Date

Daytime Phone #

CR2E034 (9/01)