

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90248 037 ***158.75

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1. Entity Name
HUSS-ZWINGLI PUBLISHING, INC.



Principal Place of Business
**228 HIGHLAND ROAD
SOUTH ORANGE NJ 07079**

Mailing Address
**C/O YOU & ME MANAGEMENT, INC.
P.O. BOX 444
NEW YORK NY 10013**



2. Principal Place of Business

266 SCOTLAND ROAD

Suite, Apt. #, etc.

CARRIAGE HOUSE

City & State

SOUTH ORANGE, NJ

Zip

07079

Country

USA

3. Mailing Address

% YOU & ME MANAGEMENT, INC.

Suite, Apt. #, etc.

P.O. Box 888

City & State

NEW YORK, NY

Zip

10276-0888

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

22-3437728

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEAN, SAMUEL

3646 HIGH PINE DRIVE

CORAL SPRINGS FL 33065

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. 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

2/13/02

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JEAN, SAMUEL S**
STREET ADDRESS **228 HIGHLAND ROAD**
CITY-ST-ZIP **SOUTH ORANGE NJ 07079**

TITLE **D** ☐ Delete
NAME **JEAN, NEL H**
STREET ADDRESS **228 HIGHLAND ROAD**
CITY-ST-ZIP **SOUTH ORANGE NJ 07079**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **JEAN, SAMUEL S**
STREET ADDRESS **266 SCOTLAND ROAD**
CITY-ST-ZIP **SOUTH ORANGE, NJ 07079**

TITLE **D** ☒ Change ☐ Addition
NAME **JEAN, NEL W**
STREET ADDRESS **8 CAMERON ROAD**
CITY-ST-ZIP **SADALE RIVER, NJ 07459**

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

2/13/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)