

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91520 008 \*\*\*158.75

DOCUMENT # P97000035108

1. Entity Name

THE HERALDRY CORPORATION

Principal Place of Business

1623 MILITARY RD #170  
NIAGARA FALLS NY 14304

Mailing Address

P.O. BOX 856  
LEWISTON NY 14092

2. Principal Place of Business

2 GLENCLIFF WAY

Suite, Apt. #, etc.

3. Mailing Address

2 GLENCLIFF WAY

Suite, Apt. #, etc.

City &amp; State

NASHUA NH

City &amp; State

NASHUA NH

4. FEI Number

59-3454145

Applied For

Not Applicable

Zip

03063 Hillsborough

Country

Zip

03063 Hillsborough

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI FL 33131

7. Name and Address of New Registered Agent

NAME: RICHARD ELLWOOD  
 STREET ADDRESS (P.O. Box Number is Not Acceptable): 9804 S. LECANTO AVE  
 CITY: LECANTO FL ZIP CODE: 34461

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, 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 | NAME | STREET ADDRESS        | CITY-ST-ZIP   | <input type="checkbox"/> Delete |
|-------|------|-----------------------|---|---------------------------------|
|       | D    | ELLWOOD, RICHARD L    | PMB 170 1623 MILITARY RD<br>NIAGARA FALLS NY 14304-1745 |                                 |
|       | D    | ELLWOOD, JACQUELINE R | PMB 170 1623 MILITARY RD<br>NIAGARA FALLS NY 14304-1745 |                                 |
|       |      |                       |   | <input type="checkbox"/> Delete |
|       |      |                       |   | <input type="checkbox"/> Delete |
|       |      |                       |   | <input type="checkbox"/> Delete |
|       |      |                       |   | <input type="checkbox"/> Delete |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME      | STREET ADDRESS        | CITY-ST-ZIP                        | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-----------|-----------------------|------------------------------------|--|-----------------------------------|
|       | D         | RICHARD L. ELLWOOD    | 2 GLENCLIFF WAY<br>NASHUA NH 03063 |  |                                   |
|       | PRESIDENT | JACQUELINE R. ELLWOOD | 2 GLENCLIFF WAY<br>NASHUA NH 03063 |  |                                   |
|       |           |                       |                                    | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|       |           |                       |                                    | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|       |           |                       |                                    | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|       |           |                       |                                    | <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)