2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083107

FILED
Jun 06, 2000 8:00 am
Secretary of State
05-11-2000 90076 036 ***150.00

1. Entity Name

CONSOLIDATED SERVICES CO. OF NEW JERSEY

Principal Place of Business	Mailing Address
~~459 New Road~~ ~~South Hampton, NJ 08088~~	~~459 New Road~~ ~~South Hampton, NJ 08088~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15 Parkers Point Blvd.	15 Parkers Point Blvd.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Forked River, N.J.	City & State: Forked River, N.J.
Zip: 08731 Country: USA	Zip: 08731 Country: USA

4. FEI Number 58-2497344 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

Rouse, John M.
727 Village Road
North Palm Beach, FL 32303

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

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Joseph Raup (Address Change) ~~459 New Road~~ ~~South Hampton, NJ 08088~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Joseph Raup 15 Parkers Point Blvd. Forked River, N.J 08731 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Joseph Raup 04/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #