

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90048 047 ***550.00

DOCUMENT #: 678039
 1. Entity Name
OJV CORPORATION



Principal Place of Business Mailing Address
~~1601 CHURCH ROAD, BOX D~~ ~~PO BOX 70~~ PO 187
~~GLENSIDE PA 19038~~ ~~GLENSIDE PA 19038~~
FORT WASHINGTON PA 19034 **FORT WASHINGTON PA 19034**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
455 PENNSYLVANIA AVE **PO BOX 187**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FORT WASHINGTON PA **FORT WASHINGTON PA**
 Zip Country Zip Country
19034 **19034** **19034**

4. FEI Number Applied For
23-2157482 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CULISH, JERRIE S.
1700 E. LAS OLAS BLVD., SUITE 200
FORT LAUDERDALE FL 33301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PS FROST, JOHN L. 1601 CHURCH ROAD GLENSIDE PA 19038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTGOMERY, ANN 1601 CHURCH RD GLENSIDE PA 19038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FROST, JOHN L. 1601 CHURCH ROAD GLENSIDE PA 19038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTGOMERY, ANN 1601 CHURCH RD GLENSIDE PA 19038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (5/01)

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 recipient of assets 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 **JOHN L. FROST** ✓ Date **8-13-01** Daytime Phone # **215-540-2750**