

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857209

1. Entity Name

HUSSEY SEATING COMPANY

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90088 014 ***150.00

Principal Place of Business DYER STREET NORTH BERWICK ME 03906	Mailing Address 38 DYER ST EYT NORTH BERWICK. ME 03906
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **06-1032772** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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) 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, 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 IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY JR., PHILIP W.	NAME	
STREET ADDRESS	RIVER LOCKS ROAD	STREET ADDRESS	
CITY-ST-ZIP	KENNEBUNKPORT ME	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, PETER A.	NAME	
STREET ADDRESS	NORTH STREET	STREET ADDRESS	
CITY-ST-ZIP	KENNEBUNKPORT ME	CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLKHORST, STEPHEN S	NAME	
STREET ADDRESS	132 LONG SANDS ROAD	STREET ADDRESS	
CITY-ST-ZIP	YORK ME	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, TIMOTHY B	NAME	
STREET ADDRESS	BARNARD LANE	STREET ADDRESS	
CITY-ST-ZIP	KENNEBUNK ME	CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	AT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, FRANCIS J	NAME	LAWORY, JOHN
STREET ADDRESS	DYER ST	STREET ADDRESS	DYER ST
CITY-ST-ZIP	N. BERWICK ME	CITY-ST-ZIP	N. BERWICK, ME 03906
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)