

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04293

1. Entity Name

WOLFF-ZACKIN & ASSOCIATES, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90003 014 ***150.00

Principal Place of Business

Mailing Address

135 BOLTON ROAD
PO BOX 2220
VERNON CT 06066

135 BOLTON ROAD
PO BOX 2220
VERNON CT 06066-1620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-0843864

Applied For

Not Applicable

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

RABINOWITZ, KENNETH
125 WOODS LANDING TRAIL
OLDSMAR FL 34677

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

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	ROBERT MULLEN	45 VALLEY VIEW LANE	VERNON CT	<input checked="" type="checkbox"/>
PD	HRUBALA, RONALD	23 LUDWIG RD	ELLINGTON CT	<input type="checkbox"/>
SD	RABINOWITZ, KENNETH	27 ALFRED DR	TOLLAND CT	<input type="checkbox"/>
EVPD	SMITH, JOHN J JR	39 ELNA DR	TOLLAND CT	<input type="checkbox"/>
CD	WOLFF, GREG	126 TAMARAC	GLASTONBURY CT 06033	<input type="checkbox"/>
VP	FIORÉ, JOSEPH	27 BRIGHTON LANE	VERNON CT	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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 lines empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD R HRUBALA

Date

1/18/00

Daytime Phone #

860-896-2890

CR2E034 (9/99)