

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 693564

1. Entity Name
KEBEC, INCORPORATED



Principal Place of Business
**150 AMERICAN LEGION DRIVE
NORTH ADAMS MA 01247**

Mailing Address
**150 AMERICAN LEGION DRIVE
NORTH ADAMS MA 01247**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. # etc		Suite/Apt. # etc	
City & State		City & State	
Zip *	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. Fil Number 59-2107166	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CREWS, MICHAEL W. 130 E. CENTRAL AVE. LAKE WALES FL 33859-1079	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code
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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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____
Signature must be printed name of individual agent and must be legible. (Date)

FILE NOW WITH FEE IS \$150.00 After May 1, 2004 Fee will be \$500.00 Minors (Under 18) Florida is a Parental Consent of State	9. Election Campaign Funding Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Insert	WHEATON, MARIE CLOUGH ROAD STAMFORD VT 05352	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	000000155036 05/05/04-80021-007 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	WHEATON, MARIE CLOUGH ROAD STAMFORD VT 05352	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 10 or Block 11 of

Marie Wheaton

4-30-04