

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828498

1. Entity Name  
H.P. HOOD & SONS, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90211 001 \*\*\*300.00

Principal Place of Business Mailing Address  
90 EVERETT AVE 90 EVERETT AVE  
SUITE 200 SUITE 200  
CHELSEA MA 02150 CHELSEA MA 02150-2337  
US US

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 04-2507140 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

PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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

TITLE	T	<input type="checkbox"/> Delete
NAME	BRESTEN, THERESA	
STREET ADDRESS	25 ZACHARY LANE	
CITY-ST-ZIP	READING MA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KANEB, JOHN A.	
STREET ADDRESS	34 MASCONOMO ST	
CITY-ST-ZIP	MANCHESTER MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	GANEK, MARC E	
STREET ADDRESS	7 ZAMBOM TERR	
CITY-ST-ZIP	ANDOVER MA 01812	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANEB, GARY	
STREET ADDRESS	12 SMITH'S POINT RD	
CITY-ST-ZIP	MANCHESTER 01	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANEB, STEPHEN	
STREET ADDRESS	72 HIGHLAND RD	
CITY-ST-ZIP	SOUTH HAMPTON NH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

**Theresa M. Bresten**  
**Treasurer**

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00 617-887-3000  
Date Daytime Phone #

CR2E034 (9/99)