

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90125 030 ***150.00

DOCUMENT # 836964

1. Entity Name
MAIN STREET MANAGEMENT COMPANY



Principal Place of Business
**924-926 N MAIN ST. EXT
PO BOX 5850
WALLINGFORD CT 06492**

Mailing Address
**924-926 N MAIN ST. EXT
PO BOX 5850
WALLINGFORD CT 06492**



2. Principal Place of Business
101 BARNES RD

3. Mailing Address
P.O. BOX 5850

Suite, Apt. #, etc.
SUITE 104

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WALLINGFORD CT

City & State
WALLINGFORD CT

4. FEI Number **06-0811437**

Applied For
Not Applicable

Zip
06492

Country
USA

Zip
06492

Country
USA

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

6. Name and Address of Current Registered Agent

**HERR, JOHN M., SR.
8735 MIDNIGHT PASS DRIVE, APT. 403-B
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name
JAMES R. FISCHER

Street Address (P.O. Box Number is Not Acceptable)

2470 ISLAND DR.

City **LONGWOOD** FL Zip Code **32779**

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 *James R. Fischer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/10/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOLDEN, DEBORAH H.
9 FAIRLAWN DRIVE
WALLINGFORD CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOLDEN, DEBORAH H
9 FAIRLAWN DR.
WALLINGFORD CT 06492** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HERR, JOHN M
8735 MIDNIGHT PASS DRIVE
SARASOTA FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JAMES R. FISCHER
2470 ISLAND DR.
LONGWOOD FL 32779** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HUGO, MARK E
120 POND HILL RD
WALLINGFORD CT 06492** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ENDORF, DOUG
72 PETERSON ROAD
GRANBY CT 06035** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
PRIMMER, ROBERT
47 WYNGATE
SIMSBURY CT 06070** ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah Holden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/18/03** Daytime Phone # **203-265-9778**

CR2E034 (10/02)