

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90008 007 ***150.00

DOCUMENT # 840936

1. Entity Name

THE STUBBINS ASSOCIATES, INC.

Principal Place of Business

1033 MASSACHUSETTS AVENUE
CAMBRIDGE MA 02138

Mailing Address

1033 MASSACHUSETTS AVENUE
CAMBRIDGE MA 02138

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 04-2227079

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

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

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, 2001 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 VD ☐ Delete
NAME C. OSTBERG, RONALD
STREET ADDRESS 41 WARREN AVE.
CITY-ST-ZIP HARVARD MA

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

TITLE VT ☒ Delete
NAME GATES, JOSEPH
STREET ADDRESS 870 HURLCROFT ROAD
CITY-ST-ZIP MILTON MA

TITLE VD ☐ Change ☒ Addition
NAME PETER BLEWETT
STREET ADDRESS 266 PERKINS ROW
CITY-ST-ZIP TOPSFIELD, MA

TITLE D ☐ Delete
NAME SIMPSON, SCOTT
STREET ADDRESS 480 RUTLAND ROAD
CITY-ST-ZIP CARLISLE MA

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

TITLE VD ☒ Delete
NAME BEYER, JAMES E
STREET ADDRESS ONE HERRICK ST
CITY-ST-ZIP WINCHESTER MA

TITLE VT ☐ Change ☒ Addition
NAME MICHAEL GARRON
STREET ADDRESS 49 WINDSOR LANE
CITY-ST-ZIP N. ANDOVER, MA

TITLE CD ☐ Delete
NAME GREEN, RICHARD
STREET ADDRESS 22 OAK ST.
CITY-ST-ZIP MARBLEHEAD MA

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

TITLE PD ☐ Delete
NAME HAMNER, W. EASLEY
STREET ADDRESS 3 ELLERY SQ.
CITY-ST-ZIP CAMBRIDGE MA

TITLE ☐ Change ☐ 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.

SIGNATURE:

Michael Garron

MICHAEL GARRON

4/12/01

617-491-6450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)