

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90133 009 ***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

1030 Massachusetts Avenue

3. Mailing Address

1030 Massachusetts Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2227079

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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

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

TITLE **VD** ☐ Delete
NAME **BLEWETT, PETER**
STREET ADDRESS **266 PERKINS ROW**
CITY-ST-ZIP **MILTON MA**

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

TITLE **VT** ☒ Delete
NAME **GARRON, MICHAEL**
STREET ADDRESS **49 WINDSOR LANE**
CITY-ST-ZIP **WINCHESTER MA**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **Clarence Blewett**
STREET ADDRESS
CITY-ST-ZIP **Topsfield, MA**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **117 Judy Farm Road**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VT**
STREET ADDRESS **Michael Kraus**
CITY-ST-ZIP **87 Gardner Road**
Brookline, MA

TITLE ☒ Change ☐ Addition
NAME **P/C/D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VD**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clarence R. Blewett 2/19/02

Date

(617) 491-6450

Daytime Phone #

CR2E034 (9/01)