

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853537

1. Entity Name

VERYFINE PRODUCTS, INC

Principal Place of Business

210 LITTLETON RD
PO BOX 670
WESTFORD MA 01886-0670
US

Mailing Address

210 LITTLETON RD
PO BOX 670
WESTFORD MA 01886-0670
US

2. Principal Place of Business

20 Harvard Road

Suite, Apt. #, etc.

PO Box 8005

City & State

Littleton, MA

Zip

01460

Country

USA

3. Mailing Address

20 Harvard Road

Suite, Apt. #, etc.

PO Box 8005

City & State

Littleton, MA

Zip

01460

Country

USA

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, 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

TITLE D
NAME ROWSE, ANNA
STREET ADDRESS 42 VALLEY ROAD
CITY-ST-ZIP MASON NH

TITLE S
NAME ORFANELLO, FRANCIS X
STREET ADDRESS 6 HUTT FOREST LN.
CITY-ST-ZIP EAST TAUNTON MA 02718

TITLE PTD
NAME ROWSE, SAMUEL B.
STREET ADDRESS CAMPBELL MILL ROAD
CITY-ST-ZIP MASON NH

TITLE D
NAME ROWSE, JAMES A., SR.
STREET ADDRESS 42 VALLEY ROAD
CITY-ST-ZIP MASON NH

TITLE D
NAME ROWSE, STEVEN D
STREET ADDRESS 214 OLD LITTELTON RD
CITY-ST-ZIP HARVARD MA

TITLE D
NAME ROWSE, RICHARD J
STREET ADDRESS 39 PRESCOTT ST
CITY-ST-ZIP PEPPERELL MA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/01

Date

979-486-3522

Daytime Phone #

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90008 003 ***550.00

A0074349



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0572156