

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name 853609

American Frozen Foods, Inc.

Principal Place of Business

Mailing Address

355 Benton Street
Stratford, CT 06615-7300

355 Benton Street
Stratford, CT 06615-7300

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

06-0764758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
1200 South 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, 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	CD	<input type="checkbox"/> Delete
NAME	Cherry, Kenneth A.	
STREET ADDRESS	62 Big Bear Hill Road	
CITY-ST-ZIP	New Milford, CT	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	Cherry, Kenneth A.	
STREET ADDRESS	62 Big Bear Hill Road	
CITY-ST-ZIP	New Milford, CT	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Davanzo, Richard	
STREET ADDRESS	15 Tanglewood Circle	
CITY-ST-ZIP	Milford, CT	
TITLE	S	<input type="checkbox"/> Delete
NAME	Corey, William Jr.	
STREET ADDRESS	8 Horsestable Circle	
CITY-ST-ZIP	Huntington, CT	
TITLE	TCFO	<input checked="" type="checkbox"/> Delete
NAME	Fasino, Peter V	
STREET ADDRESS	299 Putting Green Road	
CITY-ST-ZIP	Trumbull, CT	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Corey, Jr.

5/2/00

Date

203-378-7900

Daytime Phone #

CR2E034 (9/99)