

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90122 008 \*\*\*150.00

DOCUMENT # **F01000006545**



1. Entity Name  
**WILLIAM I. HORLICK CO, INC.**

Principal Place of Business  
**91 PACELLA PARK DRIVE  
RANDOLPH MA 02368**

Mailing Address  
**91 PACELLA PARK DRIVE  
RANDOLPH MA 02368**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2157284**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAIZE, BRUCE  
10023 LAUREL VALLEY AVENUE  
BRADENTON FL 34202**

Name **BAIZE, BRUCE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2937 ASHTON Terr**  
City **OVIEDO** FL Zip Code **32765**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/24/03**

**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  Delete  
NAME **PCDT NESBITT, WILLIAM A**  
STREET ADDRESS **376 NO. MAIN STREET**  
CITY-ST-ZIP **COHASSET MA**

TITLE  Change  Addition  
NAME **PCDT Nesbitt, William A**  
STREET ADDRESS **177 Pleasant ST**  
CITY-ST-ZIP **Norwell MA 02061**

TITLE  Delete  
NAME **V HENNESSEY, SHAWN**  
STREET ADDRESS **64 JACOBSEN DRIVE**  
CITY-ST-ZIP **NORWOOD MA**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD KRATTENMAKER, CHARLES**  
STREET ADDRESS **2400 PRUDENTIAL TOWER, 800 BOYLSTON ST.**  
CITY-ST-ZIP **BOSTON MA**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **William A. Nesbitt** / 28/03 781-963-0090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)