

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90177 027 ***150.00

DOCUMENT # F02000001369

1. Entity Name
F. E. HALE MFG. CO.



Principal Place of Business
**650 WEST GERMAN STREET
HERKIMER NY 13350**

Mailing Address
**P.O. BOX 751
HERKIMER NY 13350**



2. Principal Place of Business
120 Benson PLACE
Suite, Apt. #, etc.

3. Mailing Address
PO Box 186
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Frankfort, NY
Zip
13340
Country
USA

City & State
Frankfort, NY
Zip
13340
Country
USA

4. FEI Number
15-0330340

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RIDER, EDDIE
6 AUGUSTA TRAIL
PALM COAST FL 32137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BENSON, JAMES
650 WEST GERMAN STREET
HERKIMER NY 13350** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**120 Benson PLACE
Herkimer, NY 13340** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BENSON, JON G
650 WEST GERMAN STREET
HERKIMER NY 13350** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**120 Benson PLACE
Herkimer, NY 13340** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BENSON, STELLA
650 WEST GERMAN STREET
HERKIMER NY 13350** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**120 Benson Place
Herkimer, NY 13340** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BENSON, JOHN A
650 WEST GERMAN STREET
HERKIMER NY 13350** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**120 Benson PLACE
Herkimer NY 13340** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

James Benson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22, 2003
Date

315-894-5490
Daytime Phone #

CR2E034 (10/02)