

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003191

1. Entity Name

FIBEROPTICS TECHNOLOGY, INC.

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90044 038 ***150.00

Principal Place of Business

ONE FIBER ROAD
POMFRET CT 06258

Mailing Address

ONE FIBER ROAD
POMFRET CT 06258

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 06-0965547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAINES, DONNA
900 INDUSTRIAL BLVD.
NAPLES FL 33942

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DOWLING, ROBERT F JR
STREET ADDRESS 12666 GLEN HOLLOW DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE D ☐ Change ☒ Addition
NAME Elaine R. Knowlton
STREET ADDRESS One Fiber Road
CITY-ST-ZIP Pomfret, CT 06258

TITLE D ☐ Delete
NAME DOWLING, JOAN E
STREET ADDRESS 12666 GLEN HOLLOW DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 33923

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

TITLE VS ☐ Delete
NAME KNOWLTON, KEITH L
STREET ADDRESS ONE FIBER ROAD
CITY-ST-ZIP POMFRET CT 06258

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

TITLE T ☐ Delete
NAME GRISWOLD, RICHARD J
STREET ADDRESS ONE FIBER ROAD
CITY-ST-ZIP POMFRET CT 06258

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

TITLE D ☐ Delete
NAME LOOS, JOAN T
STREET ADDRESS 2375 LANTERN LANE
CITY-ST-ZIP NAPLES FL 33940

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

TITLE D ☐ Delete
NAME LOOS, AUGUST W
STREET ADDRESS 2375 LANTERN LANE
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ Change ☐ 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.

Robert F. Dowling, Jr., President

860-928-0443

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)