

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90226 019 \*\*\*158.75

0617949 AT

**DOCUMENT # F95000004348**

1. Entity Name

**WILLIAM E. DAILEY, INC.**

Principal Place of Business

Mailing Address

**1424 VERMONT RT 7A  
 SHAFTSBURY VT 05201  
 US**

**1424 VERMONT RT 7A  
 SHAFTSBURY VT 05201  
 US**

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

**03-0191348**

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

**BIRCH, DEAN W ESQUIRE  
 GATLIN & BIRCH, P.A.  
 620 TWIGGS STREET, DIXON BUILDING  
 TAMPA FL 33602**

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, 2002 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD DAILEY, WILLIAM E III**  
 STREET ADDRESS **EHRICH ROAD**  
 CITY-ST-ZIP **SHAFTSBURY VT 05262**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **458 Ehrich Road**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VDS DAILEY, MICHAEL J**  
 STREET ADDRESS **AIRPORT ROAD**  
 CITY-ST-ZIP **SHAFTSBURY VT 05262**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **140 Regwood Drive**  
 CITY-ST-ZIP **Bennington, VT 05201**

TITLE ☐ Delete  
 NAME **V DAILEY, RICHARD J**  
 STREET ADDRESS **TWITCHELL HILL ROAD**  
 CITY-ST-ZIP **SHAFTSBURY VT 05257**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **411 Twitchell Hill Road**  
 CITY-ST-ZIP **Shaftsbury, VT 05262**

TITLE ☐ Delete  
 NAME **V DAILEY, TIMOTHY J**  
 STREET ADDRESS **4051 CARLYLE LAKES BLVD**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE ☐ Delete  
 NAME **AHEARN, JOHN M**  
 STREET ADDRESS **103 LEONARD STREET**  
 CITY-ST-ZIP **BENNINGTON VT 05201**

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

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John M. Ahearn (802) 442-9923**  
 Chief Financial Officer/Treasurer

CR2E034 (9/01)