

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005172

1. Entity Name

RIGHT TURN, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90112 008 ***150.00

Principal Place of Business

Mailing Address

100 LOCKE DR
 MARLBOROUGH MA 01752
 US

100 LOCKE DR
 MARLBOROUGH MA 01752-7216
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3071477

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	T	KINNEY, ROBERT	14 RIDGE RD NORFOLK MA	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD	ROSS, RON	82 E. KILLINGLY RD. FOSTER RI	<input type="checkbox"/>		PD	Ross, Roy	82 E. Killingly Rd. Foster, RI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	S	ANGELINI, MICHAEL	311 MAIN ST WORCHESTER MA	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	GILL, JOSEPH	22 HIGH STREET SOUTHBORO MA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	AS	SACCO, SAMUEL	27 LEE RD BARRINGTON RI	<input checked="" type="checkbox"/>		AC	Steven Rosenthal	One Financial Center Boston, MA 01111	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

4/26/00 508/303-6878

CR2E034 (9/99)