

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
 05-15-2000 91400 023 ***150.00

DOCUMENT # F96000006880

1. Entity Name

H.J. BAKER & BRO., INC.

Principal Place of Business

Mailing Address

**SUMMER ST.
 STAMFORD CT 06901**

**595 SUMMER ST.
 STAMFORD CT 06901-1407**

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

13-1895367

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, CHRISTOPHER V	
STREET ADDRESS	141 HALF MILE RD.	
CITY-ST-ZIP	SOUTHPORT CT 06490	
TITLE	V	<input type="checkbox"/> Delete
NAME	PORZIO, PATRICK F	
STREET ADDRESS	18 BEAUPRE CT.	
CITY-ST-ZIP	HUNTINGTON NY 11743	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEEGAN, MARY E	
STREET ADDRESS	41-04 53RD ST.	
CITY-ST-ZIP	WOODSIDE NY 11377	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENTRONO, JOSEPH A	
STREET ADDRESS	522 GWYNN ST.	
CITY-ST-ZIP	BABYLON NY 11702	
TITLE	DC	<input type="checkbox"/> Delete
NAME	SMITH, J M	
STREET ADDRESS	48 WEST RD.	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	84 PALMER NECK RD.	
CITY-ST-ZIP	PAWCATUCK CT 06379	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH A. ENTRONO

Date

4/26/00

Daytime Phone #

(203) 3289234

CR2E034 (9/99)