

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90428 005 \*\*\*150.00

0313905 AT

**DOCUMENT # F97000000974**

1. Entity Name  
**DIGIORGIO ASSOCIATES INC.**



Principal Place of Business  
**225 FRIEND STREET  
BOSTON MA 02114**

Mailing Address  
**225 FRIEND STREET  
BOSTON MA 02114**



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 **04-2842901**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

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. 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: **SD**  Delete  
NAME: **KOVACS, STEVE H**  
STREET ADDRESS: **37 STONE CHURCH ROAD**  
CITY-ST-ZIP: **TIVERTON RI 02878**

TITLE: **PD**  Change  Addition  
NAME: **Domenic DiGiorgio**  
STREET ADDRESS: **33 Morrison Ave.**  
CITY-ST-ZIP: **Stoneham, MA 02180**

TITLE: **D**  Delete  
NAME: **ZYCHOWICZ, JOHN JR**  
STREET ADDRESS: **8 MORTON TERRACE**  
CITY-ST-ZIP: **MILTON MA 02186**

TITLE: **TD**  Change  Addition  
NAME: **John W. Weaver**  
STREET ADDRESS: **6 Country Way**  
CITY-ST-ZIP: **Hopkinton, MA 01748**

TITLE: **D**  Delete  
NAME: **KOVACS, STEVE H**  
STREET ADDRESS: **37 STONE CHURCH RD**  
CITY-ST-ZIP: **TIVERTON RI 02878**

TITLE: **SD**  Change  Addition  
NAME: **Steve H. Kovacs**  
STREET ADDRESS: **37 Stone Church Road**  
CITY-ST-ZIP: **Tiverton, RI 02878**

TITLE: **D**  Delete  
NAME: **HUGHES, JOHN D**  
STREET ADDRESS: **11 CHIPPE WA ROAD**  
CITY-ST-ZIP: **WESTFORD MA 01886**

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

TITLE: **D**  Delete  
NAME: **LEONARD, DONALD P**  
STREET ADDRESS: **41 MITCHELL G DR**  
CITY-ST-ZIP: **TEWKSBURY MA 01876**

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

TITLE:  Delete  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Change  Addition  
NAME: **John Zychowicz, Jr.**  
STREET ADDRESS: **8 Morton Terrace**  
CITY-ST-ZIP: **Milton, MA 02186**

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:

**SIGNATURE REQUIRED**

**DOMENIC DIGIORGIO**

**2/25/03**

**(617) 723-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)