

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90093 011 ***150.00

DOCUMENT # F97000001408

1. Entity Name
SAGER SALES CORPORATION

Principal Place of Business

60 RESEARCH ROAD
HINGHAM MA 02043

Mailing Address

60 RESEARCH ROAD
HINGHAM MA 02043

2. Principal Place of Business

97 LIBBEY INDUSTRIAL PARKWAY

3. Mailing Address

97 LIBBEY INDUSTRIAL PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEYMOUTH, MA

City & State

WEYMOUTH, MA

4. FEI Number

04-3343151

Applied For

Not Applicable

Zip
02189

Country
USA

Zip
02189

Country
USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION-SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NORTON III, RAYMOND P
60 RESEARCH ROAD
HINGHAM MA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DROHAN, DAVID
60 RESEARCH ROAD
HINGHAM MA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FLYNN, FRANCIS J
60 RESEARCH ROAD
HINGHAM MA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORTON, JONATHAN E
60 RESEARCH ROAD
HINGHAM MA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
METTERS, JOHN
60 RESEARCH ROAD
HINGHAM MA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

4/29/02
Date

781-682-8279
Daytime Phone #

CR2E034 (9/01)