

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90115 035 ***150.00

DOCUMENT # F98000004748

1. Entity Name

INTEGRATED DISABILITY RESOURCES, INC.



Principal Place of Business

**320 W. NEWBERRY
BLOOMFIELD CT 06002**

Mailing Address

**320 W. NEWBERRY
BLOOMFIELD CT 06002**

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 **06-1470184**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

11028725



6. Name and Address of Current Registered Agent

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

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. 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

TITLE **P** ☐ Delete
NAME **WIGGIN, JOHN**
STREET ADDRESS **6 FAWN BROOK LANE**
CITY-ST-ZIP **SIMSBURY CT 06070**

TITLE **S** ☐ Delete
NAME **NIXA, DAVID**
STREET ADDRESS **222 FARMS VILLAGE RD.**
CITY-ST-ZIP **WEST SIMSBURY CT 06092**

TITLE **VP** ☐ Delete
NAME **CANFIELD, DON**
STREET ADDRESS **521 SOUTH LANE**
CITY-ST-ZIP **GRANVILLE MA 01034**

TITLE **VP** ☐ Delete
NAME **DUBOIS, LYNN**
STREET ADDRESS **26 SMITH LANE**
CITY-ST-ZIP **BURLINGTON CT 06013**

TITLE **VP** ☒ Delete
NAME **FORAN, THOMAS**
STREET ADDRESS **734 MOUNTAIN RD.**
CITY-ST-ZIP **W HARTFORD CT 06117**

TITLE **CFO** ☐ Delete
NAME **YOSUA, FRED**
STREET ADDRESS **10 MCKENNEY POINT RD.**
CITY-ST-ZIP **CHEBEAGUE ISLAND ME 04017**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME **Foran, Thomas**
STREET ADDRESS **127 Great Pond Road**
CITY-ST-ZIP **Simsbury, CT 06070**

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

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

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 life empowered.

SIGNATURE:

David A. Nixa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Nixa 4-14-03 (20)616-4006

Date

Daytime Phone #

CR2E034 (10/02)