

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005026

1. Entity Name

HALLMARK SWEET, INC.

FILED

00 JAN 31 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ONE COOKSON PL.  
PROVIDENCE RI 02903

ONE COOKSON PL.  
PROVIDENCE RI 02903-3248

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 05-0401094

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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 C ☐ Delete  
NAME CONLEY, JOHN W  
STREET ADDRESS ONE COOKSON PL.  
CITY-ST-ZIP PROVIDENCE RI 02903

TITLE AT ☐ Change ☒ Addition  
NAME MARK J. PECHAK  
STREET ADDRESS ONE COOKSON PLACE  
CITY-ST-ZIP PROVIDENCE, RI 02903

TITLE D ☐ Delete  
NAME POWERS, RICHARD V  
STREET ADDRESS 110 FRANK MOSSBERG DR.  
CITY-ST-ZIP ATTLEBORO MA 02703

TITLE D ☐ Change ☒ Addition  
NAME GRAHAM R. WARD  
STREET ADDRESS 49 PEARL STREET  
CITY-ST-ZIP ATTLEBORO, MA 02703

TITLE DP ☐ Delete  
NAME SMITH, RICHARD  
STREET ADDRESS 49 PEARL ST.  
CITY-ST-ZIP ATTLEBORO MA 02703

TITLE ☐ Change ☐ Addition  
NAME 700003128627-4  
STREET ADDRESS -02/09/00--01003--004  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE V ☐ Delete  
NAME CARR, JAMES E  
STREET ADDRESS 110 FRANK MOSSBERG DR  
CITY-ST-ZIP ATTLEBORO MA 02703

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

TITLE S ☐ Delete  
NAME DINGLEY, MARK A  
STREET ADDRESS ONE COOKSON PL.  
CITY-ST-ZIP PROVIDENCE RI 02903

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

TITLE V ☐ Delete  
NAME HAMMERLE, FREDRIC J  
STREET ADDRESS 110 FRANK MOSSBERG DR  
CITY-ST-ZIP ATTLEBORO MA 02703

TITLE ☐ Change ☐ 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)(l), 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:

MARK A. DINGLEY, SECRETARY 1/21/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(401) 521-1000