

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90004 028 ***550.00

0138801 AB

DOCUMENT # F99000003901

1. Entity Name

EASTERN POINT ADVISORS, INC.

Principal Place of Business

**230 BROADWAY, STE 201
 LYNNFIELD MA 01940**

Mailing Address

**230 BROADWAY, STE 201
 LYNNFIELD MA 01940**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-3258881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TODD, FAYE
 ROUTE #5, BOX 6618
 MADISON FL 32341**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 PD
 NAME MURPHY, TIMOTHY
 STREET ADDRESS 803 EAST BROADWAY
 CITY-ST-ZIP SOUTH BOSTON MA ☐ Delete

TITLE STD
 NAME CHARLES, JANICE
 STREET ADDRESS 65 EASTERN POINT BLVD
 CITY-ST-ZIP GLOUCESTER MA ☐ Delete

TITLE D
 NAME CHARLES, THEODORE
 STREET ADDRESS 65 EASTERN POINT BLVD
 CITY-ST-ZIP GLOUCESTER MA ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS 21 Moreland Road
 CITY-ST-ZIP Quincy, MA 02269 ☒ Change ☐ Addition

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 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 its 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 lines empowered.

SIGNATURE:

THEODORE F. CHARLES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/01 781-573-9610

CR2E034 (5/01)