

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006549

1. Entity Name

VERMONT FIREWORKS CO., INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90105 017 ***158.75

Principal Place of Business

P.O. BOX 414
MONTPELIER VT 05601

Mailing Address

P.O. BOX 414
MONTPELIER VT 05601

2. Principal Place of Business

PO Box 65

3. Mailing Address

PO Box 65

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

E. Montpelier, VT

City & State

E. Montpelier, VT

4. FEI Number

03-0338707

Applied For

Not Applicable

Zip

05651

Country

U.S.

Zip

05651

Country

U.S.

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PC
SWENSON, DAVID
400 FAIR RD
EAST MONTPELIER VT 05651

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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:

David Swenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00
Date

802-229-9690
Daytime Phone #

CR2E034 (9/99)