

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12190

1. Entity Name

THE ENSIGN-BICKFORD COMPANY

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90010 035 \*\*\*150.00

Principal Place of Business

Mailing Address

660 HOPMEADOW ST.  
SIMSBURY CT 06070

660 HOPMEADOW ST.  
SIMSBURY CT 06070-2420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-0876669**

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

CT CORPORATION SYSTEM  
1200 S. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	HARNETT, RALPH H	10 MILL POND LN	SIMSBURY CT 06070	
	SD LONG, MICHAEL T.	10 MILL POND LANE	SIMSBURY CT	
	DT EMOTT, DAVID T.	10 MILL POND LANE	SIMSBURY CT	
	D DARLING, ROBERT E., JR.	10 MILL POND LANE	SIMSBURY CT	
	D SHOBER, JOHN A H	301 STENTON AVENUE	PLYMOUTH MEETING PA	
	D LOVEJOY, JOSEPH E.	101 FEDERAL ST	BOSTON MA	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MICHAEL T. LONG**

Date

Daytime Phone #

01/17/00

860-843-2843

CR2E034 (9/99)