

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90521 008 \*\*\*150.00

**DOCUMENT # P22899**

**1. Entity Name**  
**CALIFORNIA PRODUCTS CORPORATION**



**Principal Place of Business**  
**150 DASCOMB ROAD**  
**ANDOVER MA 01810**  
**US**

**Mailing Address**  
**150 DASCOMB ROAD**  
**ANDOVER MA 01810**  
**US**

**30011640**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 04-1143180**

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. 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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/**

TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	MULLANE, JEREMIAH F.	
STREET ADDRESS	303 PARK AVE.	
CITY-ST-ZIP	ARLINGTON MA 02174	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEANGELIS, JOSEPH	
STREET ADDRESS	25 APPLETON ROAD	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOHR, DAVID G.	
STREET ADDRESS	35 WALTZ WAY	
CITY-ST-ZIP	CHEPACHET RI 02814	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOODHULL, ROGER W.	
STREET ADDRESS	44 MACK HILL ROAD	
CITY-ST-ZIP	AMHERST NH 03031	
TITLE	V	<input type="checkbox"/> Delete
NAME	TUCKER, ARTHUR F.	
STREET ADDRESS	39 ALDERBROOK DRIVE	
CITY-ST-ZIP	TOPSFIELD MA 01983	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHILD, RONALD B.	
STREET ADDRESS	28 OLDE FARMS ROAD	
CITY-ST-ZIP	BOXFORD MA	

TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William F. Goode	
STREET ADDRESS	46 DUNVEGAN RD	
CITY-ST-ZIP	TEWKSBURY, MA 01876	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.**

**SIGNATURE:** *William F. Goode* **1/27/2003** **(978) 623-9980**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)