

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31519

1. Entity Name

PREFCO VI INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90007 016 ***150.00

Principal Place of Business

Mailing Address

27 WATERVIEW DR
201 MERRITT SEVEN
SHELTON CT 06484
US

27 WATERVIEW DR
201 MERRITT SEVEN
SHELTON CT 06484-4301
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1305648

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	VP	<input type="checkbox"/> Delete
NAME	HUGHES, CHRISTIAN D	
STREET ADDRESS	27 WATERVIEW DR	
CITY-ST-ZIP	SHELTON CT 06484	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRITELLI, MICHAEL J.	
STREET ADDRESS	27 WATERVIEW DR	
CITY-ST-ZIP	SHELTON CT 06484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MATTHEW S. KISSNER	
STREET ADDRESS	27 WATERVIEW DR	
CITY-ST-ZIP	SHELTON CT 06484	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WILLIAMSON, KEITH H	
STREET ADDRESS	27 WATERVIEW DR	
CITY-ST-ZIP	SHELTON CT 06484	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMOS, JEFFREY J	
STREET ADDRESS	27 WATERVIEW DR	
CITY-ST-ZIP	SHELTON CT 06484	
TITLE	V	<input type="checkbox"/> Delete
NAME	OSMANSKI, LAWRENCE D	
STREET ADDRESS	27 WATERVIEW DR	
CITY-ST-ZIP	SHELTON CT 06484	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Jeffrey J. Ramos* **REQUIRED** *JEFFREY J. RAMOS - TREASURER* 04/14/00 203-922-4184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)