

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P33088**

1. Entity Name
DUFRESNE-HENRY, INC.



FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90047 005 ***150.00

066273 AB

60024896



Principal Place of Business
**54 ROUTE 106
NORTH SPRINGFIELD VT 05150**

Mailing Address
**54 ROUTE 106
NORTH SPRINGFIELD VT 05150**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **03-0211223**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MICHAEL, RICHARD P
299 COLDEWAY
UNIT F3
PUNTA GORDA FL 33950**

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. 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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONKLIN, GERARD F.	
STREET ADDRESS	PINE BROOK CONDO G3	
CITY-ST-ZIP	NORTH SPRINGFIELD VT 05150	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	ANDREWS, PETER N.	
STREET ADDRESS	39 BREEZY HILL RD.	
CITY-ST-ZIP	SPRINGFIELD VT 05156	
TITLE	T	<input type="checkbox"/> Delete
NAME	EMERSON, GORDEN L.	
STREET ADDRESS	9 SUNRISE TERRACE	
CITY-ST-ZIP	SPRINGFIELD VT 05156	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	ALLEN, GEORGE R.	
STREET ADDRESS	7 STONEHEDGE DRIVE	
CITY-ST-ZIP	WILMINGTON MA 01887	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	TRUE, NORTON G	
STREET ADDRESS	RD 1, BOX 137	
CITY-ST-ZIP	BELLOWS FALLS VT 05101	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BATES, WILLIAM	
STREET ADDRESS	3512 TERIN COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 24, 2003

Date Daytime Phone #

CR2E034 (10/02)