

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State
 09-09-2002 90008 021 ***550.00

DOCUMENT # P35916

1. Entity Name

METHODS MACHINE TOOLS, INC.

Principal Place of Business

**65 UNION AVE.
 SUDBURY MA 01776**

Mailing Address

**65 UNION AVE.
 SUDBURY MA 01776**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **04-2254513**

Applied For

Not Applicable

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

**NARUS, MICHAEL
 1021 LOVE STREET
 JUPITER FL 33477**

Name

Russell Weiss

Street Address (P.O. Box Number is Not Acceptable)

146 SE Creshwood Circle

City

Star 1

FL

Zip Code

34597

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 CDP
 NAME MCIVER, CLEMENT, JR. ☒ Delete
 STREET ADDRESS 150 DAKIN RD.
 CITY-ST-ZIP SUDBURY MA

TITLE NAME Scott Mciver Chairman ☐ Change ☒ Addition
 STREET ADDRESS 150 Dakin Rd
 CITY-ST-ZIP Sudbury, MA 01776

TITLE NAME ~~TO~~ President ☐ Delete
 NAME DEYSHER, BRYON G.
 STREET ADDRESS 28 GUZZLEBROOK DR.
 CITY-ST-ZIP SUDBURY MA

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Treasurer ☐ Change ☒ Addition
 NAME Carol Colaianni
 STREET ADDRESS 227 White Pond Rd
 CITY-ST-ZIP Hudson, MA 01749

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

7/8/02

978-443-5388

Date

Daytime Phone #

CR2E034 (4/02)