

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082823

1. Entity Name

MISSIMER INTERNATIONAL, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90090 023 \*\*\*158.75

Principal Place of Business

8140 COLLEGE PKWY  
 STE 202  
 FORT MYERS FL 33919  
 US

Mailing Address

8140 COLLEGE PKWY  
 STE 202  
 FORT MYERS FL 33919-5169  
 US

2. Principal Place of Business

3. Mailing Address

c/o Camp Dresser & McKee Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

50 Hampshire Street - Legal Dept.

City & State

City & State  
 Cambridge, MA 02139

4. FEI Number

65-0453331

Applied For

Not Applicable

Zip

Country

Zip

02139

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

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code  
 33324

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.

LAUREN H. KREATZ,

SPECIAL ASSISTANT SECRETARY

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	DP MISSIMER, THOMAS M 3214 MCGREGOR BLVD FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS HOLZINGER, RICHARD L 22 WINEWOOD COURT FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WRIGHT, ROBERT R 14061 RIVER RD FORT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, CHARLES W 5242 SUNNYBROOK CT CAPE CORAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BEESON, WILLIAM T III 4332 SE 1ST PLACE CAPE CORAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARTIN, W KIRK 418 NW 37TH PLACE CAPE CORAL FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (COB) Thomas D. Furman, Jr. 153 Stone Root Lane Concord, MA 01742	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Paul G. Camell 25 Freeport Drive Wilmington, MA 01887	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Mario J. Marcaccio 20 Plowshare Court Mansfield, MA 02048	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. T Robert J. Anton 85 Jerusalem Road Cohasset, MA 02025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. S James S. Lackman 59 Hutchinson Drive Marlborough, MA 01752	<input type="checkbox"/> Change <input checked="" 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:

*Mario J. Marcaccio*

Mario J. Marcaccio, Director

(617) 452-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

& Secretary

Date

Daytime Phone #

CR2E034 (9/99)