

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082823

1. Entity Name

MISSIMER INTERNATIONAL, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90130 007 ***158.75

Principal Place of Business

8140 COLLEGE PKWY
STE 202
FORT MYERS FL 33919
US

Mailing Address

C/O CAMP DRESSER & MCKEE INC.
50 HAMPSHIRE STREET LEGAL DEPT
CAMBRIDGE MA 02139
US

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 **65-0453331**

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

CT CORPORATION SYSTEM
1200 SOUTH 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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	MISSIMER, THOMAS M	
STREET ADDRESS	3214 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DVTS	<input checked="" type="checkbox"/> Delete
NAME	HOLZINGER, RICHARD L	
STREET ADDRESS	22 WINEWOOD COURT	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, ROBERT R	
STREET ADDRESS	14061 RIVER RD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, CHARLES W	
STREET ADDRESS	5242 SUNNYBROOK CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BEESON, WILLIAM T III	
STREET ADDRESS	4332 SE 1ST PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, W KIRK	
STREET ADDRESS	418 NW 37TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario J. Marcaccio, Director &

(617) 452-6000

Secretary

Daytime Phone #

CR2E034 (10/00)