

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086588

1. Entity Name

ASSOCIATED BUILDING COMPANY

FILED

Jul 17, 2000 8:00 am  
Secretary of State

07-17-2000 90076 030 \*\*\*550.00

Principal Place of Business

62 APPLE HILL  
WETHERSFIELD CT 06109  
US

Mailing Address

62 APPLE HILL  
WETHERSFIELD CT 06109  
US

2. Principal Place of Business

1010 WETHERSFIELD AVE

Suite, Apt. #, etc.

3. Mailing Address

1010 WETHERSFIELD AVE

Suite, Apt. #, etc.

City & State

HARTFORD CT

City & State

HARTFORD CT

4. FEI Number

65-0712548

Applied For

Not Applicable

Zip

06114

Country

USA

Zip

06114

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND  
PLANTATION FL 33224

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.

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, 2000 Min. 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	GIARDINI, BONNIE A	
STREET ADDRESS	62 APPLE HILL	
CITY-ST-ZIP	WETHERSFIELD CT 06109	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	GIARDINI, THOMAS	
STREET ADDRESS	62 APPLE HILL	
CITY-ST-ZIP	WETHERSFIELD CT 06109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	

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:

*Thomas A. Giardini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00  
Date

(860) 296-4114  
Daytime Phone #

CR2E034 (5/00)