

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852800

1. Entity Name

KAZMAIER ASSOCIATES, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90035 003 ***150.00

Principal Place of Business

Mailing Address

676 ELM ST
CONCORD MA 01742

676 ELM ST
CONCORD MA 01742-2101

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

04-2604321

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 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	PD	☐ Delete
NAME	KAZMAIER, RICHARD W., JR.	
STREET ADDRESS	100 ANCHOR DRIVE #29	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	TV	☒ Delete
NAME	HUGGINS, CHARLES E. JR	
STREET ADDRESS	54 HAWTHORNE LANE	
CITY-ST-ZIP	CONCORD MA	
TITLE	D	☐ Delete
NAME	KAZMAIER, PATRICIA H.	
STREET ADDRESS	100 ANCHOR DRIVE #29	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	☐ Delete
NAME	ARMKNECT, RICHARD F	
STREET ADDRESS	51 PLAINFIELD RD.	
CITY-ST-ZIP	CONCORD MA 01742	
TITLE	VS	☐ Delete
NAME	RUXIN, ROBERT H.	
STREET ADDRESS	8 LARCHMONT LN	
CITY-ST-ZIP	LEXINGTON MA	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	☒ Change ☐ Addition
NAME	Robert H. Ruxin	
STREET ADDRESS	8 Larchmont Lane, Lexington, MA 02420	
CITY-ST-ZIP		
TITLE	T, C	☒ Change ☐ Addition
NAME	Poirier, Dean P.	
STREET ADDRESS	130 Appleton Street, Unit 1C	
CITY-ST-ZIP	Boston, MA 02116	
TITLE	VD	☐ Change ☒ Addition
NAME	Kazmaier, Patricia H.	
STREET ADDRESS	24 Dockside Lane, PMB 29	
CITY-ST-ZIP	Key Largo, Florida 33037	
TITLE	S	☐ Change ☒ Addition
NAME	Char, Paula F.	
STREET ADDRESS	152 Harbor View Road	
CITY-ST-ZIP	Milton, MA 02186	
TITLE	Asst T, Asst C, Asst S	☐ Change ☒ Addition
NAME	Gnall, John E. Gnall	
STREET ADDRESS	35 Washington Drive	
CITY-ST-ZIP	Acton, MA 01720	
TITLE		☐ Change ☐ 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

3/7/00 978-371-1732

CR2E034 (9/99)