

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0571623 AT

03-06-2002 90042 041 ***158.75

DOCUMENT # F00000002670

1. Entity Name
FILMORE & STERN INCORPORATED

Principal Place of Business 139 MECHANIC STREET BELLINGHAM MA 02019	Mailing Address 139 MECHANIC STREET BELLINGHAM MA 02019
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2 Evergreen Ln.	3. Mailing Address 2 Evergreen Ln.
Suite, Apt. #, etc. 7	Suite, Apt. #, etc. 7

City & State Hopedale, MA	City & State Hopedale, MA	4. FEI Number 04-3413458	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 01747	Country USA	Zip 01747	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPV LOMBARDI, STEPHEN J 55 JONES ROAD HOPEDALE MA 01747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME 136 mill st Hopedale MA 01747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOMBARDI, STEPHEN J 55 JONES ROAD HOPEDALE MA 01747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME 136 mill st Hopedale MA 01747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(l), 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: Stephen Lombardi **president** Date: **2/20/02** Daytime Phone #: **877-634-6774**

CR2E034 (9/01)