

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State
 07-24-2001 90006 002 ***550.00

0136960 AB

DOCUMENT # F00000006850

1. Entity Name

FALMOUTH PRODUCTS, INC.

Principal Place of Business

P.O. BOX 541
 FALMOUTH MA 02541

Mailing Address

P.O. BOX 541
 FALMOUTH MA 02541

2. Principal Place of Business

530 Thomas Lowder Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Falmouth, MA

City & State

Zip

02540

Country

USA

Zip

Country

4. FEI Number

04-3122881

Applied For

Not Applicable

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 ROAD
PLANTATION FL 33324

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 12, 2001 Fee 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **CLEARY, CHARLES M**
 CITY-ST-ZIP **734 PALMER AVE. FALMOUTH MA 02540**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **CLEARY, JAMES M**
 CITY-ST-ZIP **92 MCCALLUM DRIVE FALMOUTH MA 02540**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **CLEARY, ANN P**
 CITY-ST-ZIP **92 MCCALLUM DRIVE FALMOUTH MA 02540**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **CLEARY, MARY-LOCKE**
 CITY-ST-ZIP **734 PALMER AVENUE FALMOUTH MA 02540**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Mary-Locke Cleary
MARY-LOCKE CLEARY-TREASURER

7-19-01

508-548-6686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)