

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90057 008 ***150.00

CR17701 AT

DOCUMENT # F00000003188

1. Entity Name
PARK CONSTRUCTION CORP.

Principal Place of Business GEN. JAMES REED HIGHWAY, P.O. BOX 600 138 NH RT 119 EAST FITZWILLIAM NH 03447	Mailing Address GEN. JAMES REED HIGHWAY, P.O. BOX 600 138 NH RT 119 EAST FITZWILLIAM NH 03447
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2. Principal Place of Business
Please drop Gen James Reed Hwy from both addresses-no
 Suite, Apt. #, etc. **longer valid.**

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 02-0318363	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EAVENSON, BRADLEY B
 4420 BEACON CIRCLE
 WEST PALM BEACH FL 33407**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NORBY, STEVEN A 180 MIDDLE WINCHENDON ROAD RINDGE NH 03461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT NORBY, DAVID J 408 ROUTE 119 RINDGE NH 03461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEPPALA, ROBERT TEN WALLACE ROAD RINDGE NH 03447 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORBY, MARK L 145 DRAG HILL RINDGE NH 03461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALONSON, KENNETH T 105 CEDARPOST DRIVE RALEIGH NC 27513 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHURCHILL, GLYNDA L 281 UPPER TROY ROAD FITZWILLIAM NH 03447 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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)(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: *Glynnda Churchill* **REQUIRED.** Churchill, AS 02/14/2002 (603) 585-6577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)