

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90107 043 ***150.00

DOCUMENT # F00000003188



1. Entity Name
PARK CONSTRUCTION CORP.

Principal Place of Business
~~HIGHWAY~~ P.O. BOX 600
138 NH RT 119 EAST
FITZWILLIAM NH 03447

Mailing Address
~~HIGHWAY~~ P.O. BOX 600
138 NH RT 119 EAST
FITZWILLIAM NH 03447



2. Principal Place of Business
138 NH Route 119 East
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 600
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Fitzwilliam, NH

City & State
Fitzwilliam, NH

4. FEI Number 02-0318363

Applied For
Not Applicable

Zip Country
03447 USA

Zip Country
03447 USA

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

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHURCHILL, GLYNDA L 281 UPPER TROY ROAD FITZWILLIAM NH 03447	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	35 Robbins Road Fitzwilliam, NH 03447	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glynnda L. Churchill* **REQUIRED** Glynnda L. Churchill, AS 02/12/2003 (603) 585-6577
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)