## **FILED** Feb 21, 2002 8:00 am Secretary of State

02-21-2002 90033 031 \*\*\*150.00

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

F00000007181 1. Entity Name

GLOBAL CONSTRUCTION CORPORATION OF NH

| Principal Plac                          | e of Business  | Mailing Address                        |  |   |                                 |                             |
|---|--|--|--|---|---------------------------------|-----------------------------|
| 2679 LAKE SHORE RD.<br>GILFORD NH 03249 |  | 2679 LAKE SHORE RE<br>GILFORD NH 03249 | <b>.</b>   |   |                                 |                             |
| 2 Principal F                           | Place of Rusinger  | 3. Mailing Address                     |  |   |                                 |                             |
| 2. Principal Place of Business          |  | 5. Maining Address                     |  |   | ,,,, 00,,,, ,2,0,, ,,,,         |                             |
| Suite, Apt. #, etc.                     |  | Suite, Apt. #, etc.                    |  | DO NOT WRITE IN TH                                      | IS SPACE                        |                             |
| City & State                            |  | City & State                           |  | 4. FEI Number 02-0510293                                |                                 | pplied For<br>ot Applicable |
| Zip                                     | Country  | Zip                                    | Country  | 5. Certificate of Status Desired                        | <b>\$8.75</b> Ad<br>Fee Require |                             |
|   | 6. Name and Address of Curre   | ent Registered Agent                   |  | 7. Name and Address of New Registere                    | d Agent                         |                             |
|   |  |  | Name   | Name  |                                 |                             |
| 13 BURC                                 | n, daniel h<br>Hwood drive   |  | Street Addre   | s (P.O. Box Number is Not Acceptable)                   |                                 |                             |
| KEY WES                                 | ST FL 33040  |  | City   |   | Zip Cod                         | le                          |
|   | <del></del>  |  |  | istered agent, or both, in the State of Florida.        | <u>-</u>                        |                             |
| Tax filing                              | Signature, typed or printed name of registered a pration is eligible to satisfy its Intang requirement and elects to do so, ria on back) | ible FILE NO' After May 1,             | WIII FEE IS \$150.00 2002 Fee will be \$550.0 yable to Department of | 10. Election Campaign Financing Trust Fund Contribution | \$5.0                           | 00 May Be                   |
| 11.                                     | OFFICERS A   | ND DIRECTORS                           | 12.  | ADDITIONS/CHANGES TO OFFICERS A                         | ND DIRECTOR                     | S IN 11                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PSTD<br>NASH, FRED<br>2679 LAKE SHORE RD<br>GILFORD NH 0324  | □ Delete                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                |   | ☐ Change                        | ☐ Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |   | ☐ Change                        | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                |   | ☐ Change                        | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete                               | TITLE NAME STREET ADDRESS CITY-SI-ZIP                                |   | ☐ Change                        | ☐ Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                |   | ☐ Change                        | ☐ Addition                  |
| TITLE NAME STREET ADDRESS               |  | ☐ Delete                               | TITLE NAME STREET ADDRESS  |   | ☐ Change                        | ☐ 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.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP