

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F92000000108**

1. Entity Name  
**NEW HAMPSHIRE STRUCTURES UNLIMITED, INC.**

FILED

02 FEB -4 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**P.O. BOX 4105  
MANCHESTER NH 03108**

Mailing Address  
**P.O. BOX 4105  
TAX DEPT  
MANCHESTER NH 03108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**02-0275498**

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

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES ST  
SUITE 105  
TALLAHASSEE FL 32301**

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Delete  
NAME **KELLER, ROBERT R JR**  
STREET ADDRESS **ROCKY POINT ROAD**  
CITY-ST-ZIP **CONCORD NH 03301**

Change  Addition  
**000004890050--0  
-02/07/02--01037--001  
\*\*\*\*150.00 \*\*\*\*150.00**

TITLE **V**  Delete  
NAME **SEEKAMP, FRED JR**  
STREET ADDRESS **BOG ROAD**  
CITY-ST-ZIP **PENACOOK NJ 03301**

Change  Addition

TITLE **ST**  Delete  
NAME **SEVERANCE, RICHARD N**  
STREET ADDRESS **105 OAK HILL AVE.**  
CITY-ST-ZIP **MANCHESTER NH 03104**

TITLE **SECRETARY**  Change  Addition  
NAME **Katherine Garfield**  
STREET ADDRESS **35 LONDONDERRY RD**  
CITY-ST-ZIP **WINDHAM, NH 03087**

TITLE **CD**  Delete  
NAME **KELLER, ROBERT R**  
STREET ADDRESS **10 HERITAGE ROAD**  
CITY-ST-ZIP **BEDFORD NH 03102**

TITLE **TREASURER**  Change  Addition  
NAME **KATHERINE GARFIELD**  
STREET ADDRESS **35 LONDONDERRY RD**  
CITY-ST-ZIP **WINDHAM, NH 03087**

TITLE **D**  Delete  
NAME **KELLER, RICHARD R**  
STREET ADDRESS **STRAWBERRY HILL ROAD**  
CITY-ST-ZIP **BEDFORD NH 03102**

Change  Addition

TITLE **D**  Delete  
NAME **KELLER, BRUCE M**  
STREET ADDRESS **150 MILFORD STREET**  
CITY-ST-ZIP **MANCHESTER NH 03102**

TITLE **VICE PRESIDENT**  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.

SIGNATURE *(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/2/02** Daytime Phone # **HW**

CR2E034 (9/01)