

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90081 027 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F94000001902**

1. Entity Name

SUFFOLK CONSTRUCTION CO., INC.

DO NOT WRITE IN THIS SPACE

755574

2. Principal Place of Business

65 ALLERTON STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOSTON, MA 02119

City & State

4. FEI Number

04-2776356

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City **TALLAHASSEE**

FL

32301

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**PDT
FISH, JOHN F.
65 ALLERTON STREET
BOSTON, MA 02119**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**VS
MCDONOUGH, WALTER K.
95 EAST CIRCUIT
WEST ROXBURY, MA 02132**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DIRECTOR
FISH, EDWARD A.
65 ALLERTON STREET
BOSTON, MA 02119**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment
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