

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003397

1. Entity Name
PRESCOTT INVESTMENTS CORP.Principal Place of Business
P.O. BOX 337
LYNDEBOROUGH NH 030822. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90049 021 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0451232Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MULICK, NICHOLAS W ESQ
81000 OVERSEAS HWY
ISLAMORADA FL 33036~~

Name

JANE E. HAGER

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

*38 CRESWICK LANE*City *KEY LARGO*FL Zip Code *33037*

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 *J. Hager* DATE *3/15/02*

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Delete
NAME *DCPT*
STREET ADDRESS *HAGER, JANE E*
CITY-ST-ZIP *PINNACLE MT. FARMS*
*LYNDEBOROUGH NH 03082*TITLE Delete
NAME *S*
STREET ADDRESS *GAYMAN, BENJAMIN F ESQ*
CITY-ST-ZIP *WIGGIN & NOURIE BOX 808*
*MANCHESTER NH 03105*TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *JANE E. HAGER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/ma Phone #

CR2E034 (9/01)