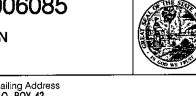
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

F98000006085

1. Entity Name UNITED CONSTRUCTION CORPORATION



FILED Mar 25, 2003 8:00 am Secretary of State 03-25-2003 90073 037 ***150.00

Principal Place of Business 250 NORTH MAIN ST. NEWPORT NH 03773		Mailing Address P.O. BOX 43 NEWPORT NH 03773		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 02-0257849 Applied For Not Applicable
Žip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
WILSON, I			Nam Stre	reet Address (P.O. Box Number is Not Acceptable)
	TINEWOOD RD.			
FT. MYER	S FL 33905		City	ty FL Zip Code
8. The above the obligat	named entity submits this statemer ions of registered agent.	nt for the purpose of changing it	s registered offic	fice or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable. (NC	TE: Registered Agent s	t signature required when reinstating) DATE
F After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.c Payable to Florida Departmen	00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT WHIPPLE, CARY G NORTH MAIN ST. : NEWPORT NH 03773	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV WHIPPLE, LORRETTA NORTH MAIN ST. NEWPORT NH 03773	Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	DS SKARIN, CHRISTINE W NORTH MAIN ST.	Delete	TITLE NAME STREET ADDRI	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEWPORT NH 03773	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRI CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	
indicated	l on this roport or supplemental rend	ort is true and accurate and that monwered to execute this repo	my signature sh rt as required by	on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if