

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H32174	
1. Entity Name NASHOBA CORPORATION	
Principal Place of Business % JANICE B. ABBOTT 1285 SOUTH OCEAN BLVD. PALM BEACH, FL 33480	
Mailing Address % JANICE B. ABBOTT 1285 SOUTH OCEAN BLVD. PALM BEACH, FL 33480	
2. Principal Place of Business C/O JANICE ABBOTT	
3. Mailing Address C/O JANICE ABBOTT	
Suite, Apt. #, etc. 330 SOUTH OCEAN BLVD, STE 5F	
City & State PALM BEACH, FL	
Zip 33480	
Country USA	
4. FEI Number 59-2570893	
Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABBOTT, JANICE B. 1285 SOUTH OCEAN BLVD. PALM BEACH, FL 33480	
7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 330 SOUTH OCEAN BLVD, SUITE 5F City PALM BEACH FL Zip Code 33480	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Janice B. Abbott 7-23-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when installing)	
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP D ABBOTT, JANICE B. 1285 S OCEAN BLVD. PALM BEACH, FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DP ABBOTT, GEORGE 1285 S OCEAN BLVD. PALM BEACH, FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP D JANICE ABBOTT 330 SOUTH OCEAN BLVD, STE 5F PALM BEACH, FL 33480 Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP DP GREGORY ABBOTT 330 SOUTH OCEAN BLVD, STE 5F PALM BEACH, FL 33480 Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Janice B. Abbott 7-23-03 Signature and typed or printed name of signing officer or director	

CR2EC34 (10/02)