

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90104 019 ***150.00

DOCUMENT # P07315

1. Entity Name
JOHN M. CORCORAN DEVELOPMENT, INC.



Principal Place of Business
**100 GRANDVIEW RD
SUITE 207
BRAINTREE MA 02184
US**

Mailing Address
**100 GRANDVIEW RD
SUITE 207
BRAINTREE MA 02184
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-2882740**

Applied For
Not Applicable

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,
1201 HAYS STREET
STE. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	CORCORAN, JOHN M	100 GRANDVIEW RD	BRAINTREE MA 02184				
D	CORCORAN, P. LEO	100 GRANDVIEW RD	BRAINTREE MA 02184				
ST	MURPHY, LAWRENCE J	100 GRANDVIEW RD	BRAINTREE MA 02184				
P	HIGH, RICHARD J.	100 GRANDVIEW ROAD	BRAINTREE MA 02184				
AS	SJOQUIST, KAREN A	100 GRANDVIEW ROAD	BRAINTREE MA 02184				

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: **LAWRENCE J. MURPHY, TREASURER**

2/3/03

Date

Daytime Phone #

781-849-0011

CR2E034 (10/02)