

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90044 033 \*\*\*150.00

**DOCUMENT # P23153**

**1. Entity Name**  
**S W & B CONSTRUCTION CORPORATION**

**Principal Place of Business**

**127 1ST FLIGHT DR.**  
**AUBURN MA 04210**  
**US**

**Mailing Address**

**POB 1210**  
**AUBURN MA 04211**  
**US**

**2. Principal Place of Business**

**127 1ST FLIGHT DRIVE**

**3. Mailing Address**

**P.O. Box 1210**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**AUBURN ME**

**City & State**

**AUBURN ME**

**4. FEI Number**

**58-1818060**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**04210**

**USA**

**Zip**

**Country**

**04211-1210**

**USA**

**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 INC**  
**1201 HAYES 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.**

**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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **V** ☒ Delete  
**NAME** **BERDIS, TERRANCE J.**  
**STREET ADDRESS** **3680 AUBUSON TRACE**  
**CITY-ST-ZIP** **ALPHARETTA GA**

**TITLE** **V** ☐ Change ☒ Addition  
**NAME** **JAMES E. MCKUSICK**  
**STREET ADDRESS** **2 FAWN MEADOW LANE**  
**CITY-ST-ZIP** **FREEPORT, ME 04032**

**TITLE** **PD** ☐ Delete  
**NAME** **SEARWAY, J. SCOTT**  
**STREET ADDRESS** **3 LEDGE RD**  
**CITY-ST-ZIP** **CUMBERLAND FORESIDE MA 04110**

**TITLE** **T** ☐ Change ☒ Addition  
**NAME** **RONALD L. HEMOND**  
**STREET ADDRESS** **520 LAKE STREET**  
**CITY-ST-ZIP** **AUBURN, ME 04210**

**TITLE** **AVP** ☐ Delete  
**NAME** **GREENLAW, ROBERT C**  
**STREET ADDRESS** **183 HALLOWELL RD**  
**CITY-ST-ZIP** **POWELL ME**

**TITLE** **AS** ☐ Change ☒ Addition  
**NAME** **G. EDWARD CASSADY**  
**STREET ADDRESS** **908 LINWOOD ROAD**  
**CITY-ST-ZIP** **BIRMINGHAM, AL 35222**

**TITLE** **S** ☐ Delete  
**NAME** **MORIARTY, KEITH W**  
**STREET ADDRESS** **76 PARK ST**  
**CITY-ST-ZIP** **FARMINGDALE ME**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **AS** ☒ Delete  
**NAME** **GARRICK, FREDERICK E**  
**STREET ADDRESS** **2320 FOX GLEN CIRCLE**  
**CITY-ST-ZIP** **BIRMINGHAM AL**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ 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:**

**Signature and Typed or Printed Name of Signing Officer or Director**  
**KEITH MORIARTY**  
**RONALD L. HEMOND**

**Date**

**Daytime Phone #**

**1/10/02**

**(207) 783-4480**

CR2E034 (9/01)