

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90176 008 ***150.00

DOCUMENT # F99000002856

1. Entity Name
THALLE CONSTRUCTION CO. INC.



Principal Place of Business
**51 ROUTE 100
BRIARCLIFF MANOR NY 10510**

Mailing Address
**51 ROUTE 100
BRIARCLIFF MANOR NY 10510**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-1734206**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**MOEL, MARC
% BLUMBERG EXCELSIOR CORPORATE SERVICES
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P PACCHIANA, GREGG K 103 E QUEEN STREET HILLSBOROUGH NC 27278	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GREGG J. PACCHIANA 103 E. QUEEN ST. HILLSBOROUGH, N.C. 27278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHOLS, ROBERT A 95 EDGEWOOD ROAD OSSINING NY 10562	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMATO, JOSEPH 1403 HANOVER STREET YORKTOWN NY 10598	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAY, WILLIAM 55 ACADEMY STREET PLEASANTVILLE NY 10570	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER WILLIAM MAY 55 ACADEMY ST. PLEASANTVILLE, N.Y. 10570
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Signature Required* 1-23-03 (914) 762-3415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)