FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90427 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005126

1. Entity Name
B.P. Construction of Sarasota, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
851 Ponder Ave	851 Ponder Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota
Zip: 34232 Country: Sarasota	Zip: FL Country: 34232

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0977508 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Daniel L. Prewett

Street Address (P.O. Box Number is Not Acceptable): 5777 Beneva Rd South

City: Sarasota FL Zip Code: 34233

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 _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Pres/TID
NAME	Brian P. Bendickson
STREET ADDRESS	851 Ponder Ave.
CITY-ST-ZIP	Sarasota, FL 34232
TITLE	VPID
NAME	Elfego Landaverde
STREET ADDRESS	851 Ponder Ave.
CITY-ST-ZIP	Sarasota, FL 34232
TITLE	VP/SID
NAME	Alejandro Guillen
STREET ADDRESS	851 Ponder Ave.
CITY-ST-ZIP	Sarasota, FL 34232
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brian P. Bendickson 4-11-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #