

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 434132

1. Entity Name

BISHOP AND SON CONSTRUCTION, INC.

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90138 043 \*\*\*150.00

Principal Place of Business

2881 SEITALY ST  
PORT ST. LUCIE  
PORT SAINT LUCIE FL 34952

Mailing Address

2881 SEITALY ST  
PORT ST. LUCIE  
PORT SAINT LUCIE FL 34952

00040858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1479732

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

KOPPEN (ROBERT A.)  
8202 N.E. 2ND AVENUE  
MIAMI FL

AGENT SAME

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 Ar. D. Bishop - PRES - ADDRESS CHANGE ONLY 4-20-2001

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, 2001 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 PD  
NAME BISHOP, ARTHUR D  
STREET ADDRESS 405 NW 122 ST.  
CITY-ST-ZIP MIAMI FL  
SAME AS ABOVE ADDRESS  
PORT ST LUCIE, FLA. 34952

TITLE BISHOP, ARTHUR D  
NAME BISHOP, ARTHUR D  
STREET ADDRESS 2881 SE. ITALY ST.  
CITY-ST-ZIP PORT ST LUCIE, FLA. 34952  
☒ Change ☐ Addition

TITLE S  
NAME BISHOP, HILDA  
STREET ADDRESS 405 NW 122 ST.  
CITY-ST-ZIP MIAMI FL  
SAME AS ABOVE ADDRESS

TITLE BISHOP, HILDA  
NAME BISHOP, HILDA  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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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: Ar. D. Bishop - PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2001-3989260

Date

Daytime Phone #

CR2E034 (10/00)