

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000710

1. Entity Name

BHARAT CONSTRUCTION, INC.

Principal Place of Business

5601 SOUND BLUFF RD
OCEAN SPRINGS MS 39564

Mailing Address

5601 SOUND BLUFF RD
OCEAN SPRINGS MS 39564-7953

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BODIN, DON
1290 N. PALM AVE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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, 2000 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

TITLE CP
NAME SANGANI, SMITA B
STREET ADDRESS 5601 SOUND BLUFF RD
CITY-ST-ZIP OCEAN SPRINGS MS 39564 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE v/d
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE P/S/H/D/C
NAME Bharat H. Sangani
STREET ADDRESS 5601 Sound Bluff Road
CITY-ST-ZIP Ocean Springs, MS 39564 ☐ Change ☒ Addition

TITLE
NAME Joan E. Lund
STREET ADDRESS 1528 E. Beach Blvd. - Ste. A
CITY-ST-ZIP Gulfport, MS 39501 ☐ Change ☒ Addition

TITLE CFO
NAME Monica Mathews
STREET ADDRESS 1528 E. Beach Blvd. - Ste. A
CITY-ST-ZIP Gulfport, MS 39501 ☐ Change ☒ Addition

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

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

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

Bharat H. Sangani

Date

Daytime Phone #

4/25/00 828-864-9888

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90092 046 ***150.00



DO NOT WRITE IN THIS SPACE