

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000710

1. Entity Name

BHARAT CONSTRUCTION, INC.

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91014 034 ***150.00

Principal Place of Business

5601 SOUND BLUFF RD
OCEAN SPRINGS MS 39564

Mailing Address

5601 SOUND BLUFF RD
OCEAN SPRINGS MS 39564

638817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 64-0870458

Applied For

Not Applicable

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

BODIN, DON
1290 N. PALM AVE
SARASOTA FL 34236

Name BHARAT SANGANI

Street Address (P.O. Box Number is Not Acceptable)

9200 COLLEGE PKWY

City FT MYERS

FL

Zip Code 33919

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 *Bharat Sangani*

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 VD
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 ☐ Change ☐ Addition

TITLE PSTD
NAME SANGANI, BHARAT H
STREET ADDRESS 5601 SOUND BLUFF ROAD
CITY-ST-ZIP OCEAN SPRINGS MS 39564 ☐ Delete

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

TITLE V
NAME LUND, JOAN E
STREET ADDRESS 1528 E BEACH BLVD STE A
CITY-ST-ZIP GULFPORT MS 39501 ☒ Delete

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

TITLE CFO
NAME MATTUSY, MONICA
STREET ADDRESS 1528 E BEACH BLVD STE A
CITY-ST-ZIP GULFPORT MS 39501 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *Bharat Sangani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)