

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90055 040 \*\*\*150.00

0072750 AV

**DOCUMENT # G18838**

1. Entity Name

**BOGAN CONTRACTING, INC.**

Principal Place of Business

Mailing Address

**655 W. LK. BRANTLEY RD.  
 ALTAMONTE SPRGS FL 32714**

**655 W. LK. BRANTLEY RD.  
 ALTAMONTE SPRGS FL 32714**

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

**59-2253064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOGAN, PATRICK D  
 655 W. LK. BRANTLEY RD.  
 ALTAMONTE SPRGS FL 32714**

Name

**Ellen BOGAN GINEVRA**

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

**3105 S. Hwy. A1A #103**

City

**MELBOURNE BEACH FL**

Zip Code

**32951**

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

**Ellen Bogan Ginevra** **ELLEN BOGAN GINEVRA**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

DATE

**2/20/02**

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, 2002 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 **P** ☐ Delete  
 NAME **BOGAN, PATRICK D**  
 STREET ADDRESS **655 W. LK. BRANTLEY RD.**  
 CITY-ST-ZIP **ALTAMONTE SPRGS FL 32714**

TITLE **VP** ☐ Delete  
 NAME **GINEVRA, ANTHONY V**  
 STREET ADDRESS **3105 S. HWY. A1A #103**  
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **T** ☐ Delete  
 NAME **BOGAN, CAROL A**  
 STREET ADDRESS **655 W. LK. BRANTLEY RD.**  
 CITY-ST-ZIP **ALTAMONTE SPRGS FL 32714**

TITLE **S** ☐ Delete  
 NAME **BOGAN GINEVRA, ELLEN**  
 STREET ADDRESS **3105 S. HWY. A1A #103**  
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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:

**Ellen Bogan Ginevra** **ELLEN BOGAN GINEVRA**

**2/20/02 321-953-470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)