

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M84710

1. Entity Name

P G CONSTRUCTION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90174 014 ***150.00

Principal Place of Business

Mailing Address

150 OCEAN DR
150 OCEAN DRIVE
TAVERNIER FL 33070

150 OCEAN DR
150 OCEAN DRIVE
TAVERNIER FL 33070-2340

2. Principal Place of Business

186 ORCHID STREET

Suite, Apt. #, etc.

3. Mailing Address

186 ORCHID STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAVERNIER, FLORIDA

Zip
33070

Country
USA

City & State

TAVERNIER, FLORIDA

Zip
33070

Country
USA

4. FEI Number

65-0051307

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

GUNTNER, PHILIP T
MILE MARKER 91.7, OCEANSIDE
U.S. HIGHWAY NO. 1
TAVERNIER FL 33070

Name
GUNTNER, PHILIP T
Street Address (P.O. Box Number is Not Acceptable)
MILE MARKER 90 BAYSIDE
U.S. HIGHWAY NO. 1
186 ORCHID STREET
City
TAVERNIER FL Zip Code
33070

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNTNER, PHILLIP 150 OCEAN DR. TAVERNIER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUNTNER, PHILIP V 150 OCEAN DR TAVERNIER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUNTNER, PHILIP 150 OCEAN DRIVE TAVERNIER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNTNER, PHILIP 186 ORCHID STREET TAVERNIER, FL 33070	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JEFFERY BROWN 158 MARBOR TAVERNIER, FL 33070	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAMUELS FINNEY JR. 302 BAY STREET ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00
Date

305-852-1621
Daytime Phone #