

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P930000000002

1. Entity Name

P & H CONSTRUCTION CORP.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90037 004 ***150.00

Principal Place of Business

13180 N. CLEVELAND AVE
STE 111
N. FT MYERS FL 33903
US

Mailing Address

182 SE COLONIAL ST
PORT CHARLOTTE FL 33952-9107

2. Principal Place of Business

102 SE Colonial St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2900

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PORT CHARLOTTE; FL

City & State
PORT CHARLOTTE; FL

4. FEI Number 65-0379534

Applied For

Not Applicable

Zip
33952

Country
USA

Zip
33949-2900

Country
USA

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

GUARRACINO, PASQUALE
102 SE COLONIAL ST.
PORT CHARLOTTE FL 33952

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME GUARRACINO, PASQUALE
STREET ADDRESS 102 SE COLONIAL ST
CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete

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

TITLE SC
NAME GUARRACINO, LYDIA
STREET ADDRESS 102 SE COLONIAL ST
CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete

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

TITLE V
NAME GOFF, RICK W
STREET ADDRESS 5433 WILSON DR
CITY-ST-ZIP PUNTA GORDA FL 33982 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-00 (941) 627-6422

Date

Daytime Phone #

CR2E034 (9/99)