

2000 UNIFORM BUSINESS REPORT (UBR)

7/

DOCUMENT # P96000051952

1. Entity Name

UNITED CONSTRUCTION GROUP, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90002 014 ***400.00

07-17-2000 90014 008 ***150.00

Principal Place of Business

Mailing Address

3903 NORTHDAL BLVD
 STE 139E
 TAMPA FL 33624
 US

3903 NORTHDAL BLVD
 STE 139E
 TAMPA FL 33624-1853
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3396669

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

OVERKAMP, PETER
 11601 GRADY AVE.
 TAMPA FL 33624

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 file 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 DP
 NAME OVERKAMP, PETER
 STREET ADDRESS 11601 GRADY AVE.
 CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE
 NAME OVERKAMP, PETER F. ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DS
 NAME DEROSIER, VICTOR
 STREET ADDRESS 3903 NORTHDAL BLVD., SUITE 139E
 CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

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

TITLE DT
 NAME OVERKAMP, PETER P
 STREET ADDRESS 3903 NORTHDAL BLVD STE 139E
 CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 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

Date

Daytime Phone #

CF 334 (9/99)