

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051952

1. Entity Name

UNITED CONSTRUCTION GROUP, INC.

Principal Place of Business

3903 NORTHDAL BLVD  
STE 139E  
TAMPA FL 33624  
US

Mailing Address

3903 NORTHDAL BLVD  
STE 139E  
TAMPA FL 33624  
US

2. Principal Place of Business

3. Mailing Address

United Construction Group  
3421 N. Lakeview Drive  
Tampa, FL 33618

United Construction Group  
3421 N. Lakeview Drive  
Tampa, FL 33618

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90108 024 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

FEI Number **59-3396669** Applied For  
Not Applicable

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

OVERKAMP, PETER  
11601 GRADY AVE.  
TAMPA FL 33624

Name **Peter Overkamp**  
Street Address (P.O. Box Number is Not Acceptable) **3421 N Lakeview DR**  
City **TAMPA** FL Zip Code **33618**

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

TITLE **Peter F. Overkamp** ☒ Change ☐ Addition  
NAME **3421 N Lakeview DR**  
STREET ADDRESS **TAMPA FL 33618**  
CITY-ST-ZIP

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

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

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

TITLE **Peter P Overkamp** ☒ Change ☐ Addition  
NAME **3421 N Lakeview DR**  
STREET ADDRESS **DS TAMPA FL 33618**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Rodney R Reinhold JR** ☐ Change ☒ Addition  
NAME **3421 N Lakeview DR**  
STREET ADDRESS **TAMPA FL 33510**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-01 813-265-0822

Date

Daytime Phone #

CR2E034 (10/00)