

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90048 026 ***150.00

DOCUMENT # P97000048661

1. Entity Name

BOVA CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

301 NORTH FLAGLER AVE
FLAGLER BEACH FL 32136

PO BOX 668
FLAGLER BEACH FL 32136-0668

2. Principal Place of Business

5055 No. Oceanshore Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

City & State

Palm Coast, FL 32137

City & State

Zip

32137

Country

USA

Zip

Country

4. FEI Number

59-3456268

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

VATH, RONALD
301 NORTH FLAGLER AVE
FLAGLER BEACH FL 32136

Name

JOHN E BOBACK, SR.

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

5 LAKESIDE PLACE WEST

City

PAUM COAST, FL

FL

Zip Code

32137

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

JOHN E BOBACK, SR.

2/22/00

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	P	<input type="checkbox"/> Delete
NAME	BOBACK, JOHN E	
STREET ADDRESS	301 NORTH FLAGLER AVE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	V/S	<input checked="" type="checkbox"/> Delete
NAME	VATH, RONALD	
STREET ADDRESS	301 NORTH FLAGLER AVE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN E BOBACK, SR.	
STREET ADDRESS	5055 NO. OCEANSHORE BLVD	
CITY-ST-ZIP	PAUM COAST, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBYN BOBACK	
STREET ADDRESS	5055 No Oceanshore Blvd	
CITY-ST-ZIP	PAUM COAST, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E BOBACK, SR.

Date

Daytime Phone #

2/22/00

904-793-0072

CR2E034 (9/99)