

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90089 039 ***150.00

DOCUMENT # P98000061796

1. Entity Name

B & G RIGGING & TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

14470 60TH ST N
 CLEARWATER FL 33760
 US

12577 66TH ST. N.
 LARGO FL 33773-3440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545592

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOKOLEWICZ, GEORGE
14470 60TH STREET NORTH
CLEARWATER FL 33760

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: **DP** Delete
 NAME: **SOKOLEWICZ, GEORGE**
 STREET ADDRESS: **12577 66TH ST. N.**
 CITY-ST-ZIP: **LARGO FL 33773**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **SOKOLEWICZ, BOGUSLAW**
 STREET ADDRESS: **12577 66TH ST. N.**
 CITY-ST-ZIP: **LARGO FL 33773**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: **14470 60TH ST N**
 CITY-ST-ZIP: **CLEARWATER, - FL 33760**

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
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 STREET ADDRESS: _____
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TITLE: _____ Delete
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TITLE: _____ Change Addition
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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:

BOGUSLAW SOKOLEWICZ *Boguslaw Sokolewicz*

Date **4-25-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

(727) 532-9466