

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083046

1. Entity Name
BGH CONSTRUCTION, INCORPORATED

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUL 17 AM 10:11

Principal Place of Business PARK TOWER, 400 N. TAMPA STREET FL 33602	Mailing Address 2625 PARK TOWER, 400 N. TAMPA STREET TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3543874	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 LEFLOCH, EUGENE M
 2625 PARK TOWER, 400 N. TAMPA STREET
 TAMPA FL 33602

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 title is applicable (NOTE: Registered Agent signature required when re-registering) 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
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11. OFFICERS AND DIRECTORS

TITLE D	NAME BODNAR, RONALD	☐ Delete
STREET ADDRESS 8415 BOXWOOD DR.	CITY-STATE-ZIP TAMPA FL 33615	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT	NAME RICHARD C. GUERTIN	☐ Change ☒ Addition
STREET ADDRESS 30953 PASCO RD.	CITY-STATE-ZIP SAN ANTONIO FLORIDA 33576	
TITLE VICE PRESIDENT	NAME MICHAEL HELDT	☐ Change ☒ Addition
STREET ADDRESS 10527 LAKE WILLIAMS DR.	CITY-STATE-ZIP ODESSY FLORIDA 33556	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY-STATE-ZIP	

I, the undersigned, being a qualified officer or director of the corporation, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I am a resident of the State of Florida.

SIGNATURE Ronald D. Bodnar **PRESID.**
Ronald D. Bodnar **Presid.**
July 13, 2000 **813-918-8943**

CR2E034 (9/99)