

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103676

1. Entity Name

BG LANDINGS, INC.

Principal Place of Business

Mailing Address

721 1ST AVE. NORTH
ST. PETERSBURG FL 33701

721 1ST AVE. NORTH
ST. PETERSBURG FL 33701

2. Principal Place of Business
5514 Park Blvd

3. Mailing Address
5514 Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pinellas Park, FL 33781

City & State
Pinellas Park, FL 33781

4. FEI Number
65-1088185

Applied For
Not Applicable

Zip
33781

Country
USA

Zip
33781

Country
USA

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

ENGLANDER, LEONARD A
721 1ST AVE. NORTH
ST. PETERSBURG FL 33701

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ENGLANDER, LEONARD S
721 1ST AVE. NORTH
ST. PETERSBURG FL 33701 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, T
Roger B. Broderick
5514 Park Blvd
Pinellas Park, FL 33781 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP S
William Gernazian
5514 Park Blvd
Pinellas Park, FL 33781 ☐ 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
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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

4/24/01

727-544-1403

Date

Daytime Phone #

5/

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-16-2001 90292 001 ****75.00

05-16-2001 90292 002 ****75.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)