

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**  
 07-11-2000 90001 032 \*\*\*150.00

**DOCUMENT # P98000013088**

1. Entity Name

**BMG ENTERPRISES, INC.**

Principal Place of Business

**837 BARRYHILL CIRCLE  
 FRUITLAND PARK FL 34731**

Mailing Address

**837 BARRYHILL CIRCLE  
 FRUITLAND PARK FL 34731-5285**

2. Principal Place of Business

**P.O. Box 547**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 547**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**FRUITLAND PARK, FL**

Zip  
**34731**

Country  
**USA**

City & State  
**FRUITLAND PARK, FL**

Zip  
**34731**

Country  
**USA**

4. FEI Number **59-3492770**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER  
 343 AMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **BRIAN GAMBLE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**837 BARRYHILL CIRCLE**

City **FRUITLAND PARK** FL Zip Code **34731**

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

**BRIAN GAMBLE**

(NOTE: Registered Agent signature required when reinstating)

**4-23-00**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
**PSTD  
 GAMBLE, BRIAN  
 837 BARRYHILL CIRCLE  
 FRUITLAND PARK FL 34731**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

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 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

**BRIAN GAMBLE PSTD 4/23/00 352-314-5955**

Date

Daytime Phone #

CR2E034 (9/99)