

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0668745 AB

**DOCUMENT # F95000002738**

1. Entity Name  
**CGB ENTERPRISES, INC.**



05-02-2003 90280 001 \*\*\*300.00

Principal Place of Business  
P.O. BOX 249  
MANDEVILLE LA 70470

Mailing Address  
P.O. BOX 249  
MANDEVILLE LA 70470



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 **72-1239162**

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDCE	<input checked="" type="checkbox"/> Delete
NAME	WILCOX, RICHARD K	
STREET ADDRESS	P.O. BOX 249-NA	
CITY-ST-ZIP	MANDEVILLE LA 70470	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	WUNSCH, GARY K	
STREET ADDRESS	P.O. BOX 249-NA	
CITY-ST-ZIP	MANDEVILLE LA 70470	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JANSSEN, DE VAN C	
STREET ADDRESS	P.O. BOX 249-NA	
CITY-ST-ZIP	MANDEVILLE LA 70470	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAKAI, MICHIAKI	
STREET ADDRESS	P. O. BOX 249	
CITY-ST-ZIP	MANDEVILLE LA 70470	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARANAMI, RYUICHI	
STREET ADDRESS	P. O. BOX 249	
CITY-ST-ZIP	MANDEVILLE LA 70470	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PEMBERTON, RICHARD S	
STREET ADDRESS	P.O. BOX 249-NA	
CITY-ST-ZIP	MANDEVILLE LA 70470	

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin D Adams	
STREET ADDRESS	P.O. Box 249	
CITY-ST-ZIP	Mandeville LA 70470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	G. Scott Leininger	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 249	
STREET ADDRESS	Mandeville LA 70470	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)