

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90196 006 \*\*\*150.00

**DOCUMENT # F97000000594**

**1. Entity Name**  
**B & G OF LOUISIANA, INCORPORATED**



**Principal Place of Business**  
**737 S. PROFESSIONAL DRIVE**  
**SHREVEPORT LA 71105**

**Mailing Address**  
**737 S. PROFESSIONAL DRIVE**  
**SHREVEPORT LA 71105**



☐ CHECK HERE IF MAKING CHANGES

**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** **72-0600340**

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**

**LONG, JEFF**  
**8030 PHILLIPS HWY SUITE 22**  
**JACKSONVILLE FL 32256**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	BASKIND, ROBERT L	
STREET ADDRESS	9745 BAYOU BEND DRIVE	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE	AST	<input type="checkbox"/> Delete
NAME	BASKIND, SANDRA B	
STREET ADDRESS	9745 BAYOU BEND DRIVE	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAUDENHEIMER, BARBARA B	
STREET ADDRESS	7739 MILLICENT WAY	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LAUDENHEIMER, RONALD L	
STREET ADDRESS	7739 MILLICENT WAY	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

**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 line empowered.**

**SIGNATURE:** *Barbara B. Laudenheimer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2003

Date

318-797-6130

Daytime Phone #