

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G00514**

1. Entity Name
BARGIL, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90026 049 ***150.00

Principal Place of Business 395 CYPRESS CREEK CR OLDSMAR FL 34677	Mailing Address 395 CYPRESS CREEK CR OLDSMAR FL 34677
---	---

2. Principal Place of Business 1260 Clays Trail	3. Mailing Address 1260 Clays Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Oldsmar, FL	City & State Oldsmar, FL
Zip 34677	Country Pinellas

4. FEI Number 59-2218962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LECHNER, BERNARDJ
1243 LAKEVIEW RD.
CLEARWATER FL 34616**

7. Name and Address of New Registered Agent

Name
Bernard J. Lechner

Street Address (P.O. Box Number is Not Acceptable)
2115 Range Road

City
Clearwater **FL** Zip Code
33765

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  DATE **1/19/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	SD GILMORE, ROBERT ANDREW 395 CYPRESS CREEK CR OLDSMAR, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1260 Clays Trail Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILMORE, BARBARA SUE 395 CYPRESS CREEK CR OLDSMAR, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1260 Clays Trail Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **ROBERT A. GILMORE** 1/20/01 727 7851260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UN24/10

CR2E034 (10/00)