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

## J36115 **DOCUMENT #**



## FILED Mar 17, 2003 8:00 am Secretary of State

Mallicy Address (P. C. Principal Place of Bus nees   S. Malling Address (P. S. MALMIN FRAIL SARASOTA FL. 9428)  2. Principal Place of Bus nees   S. Malling Address   Subta. Apt. 6, etc.   C.	B S G EN	e TERPRISES, INC.	•		O WE TO		03-17-2003	90/14 031	***150	7.00	
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6. Name and Address of Current Registered Agent    For Requised   For Name and Address of New Registered Agent   For Name and Name   For Name and Name   For Na	City & State	9	City & State	City & State			50-7794894				
BERGER, ALBERT 7516 WEEPING WILLOW BLVD SARASOTA FL 34241  6. The aboven 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 objections of registered agent, or both in the State of Florida. I am familiar with, and accept the object of registered agent, or both in the State of Florida. I am familiar with, and accept the object of registered agent, or both in the State of Florida. I am familiar with, and accept the object of registered agent, or both in the State of Florida. I am familiar with, and accept the object of registered agent, or both in the State of Florida. I am familiar with, and accept the object of registered agent, or both in the State of Florida. I am familiar with, and accept the object of registered agent, or both in the State of Florida. I am familiar with, and accept the object of registered agent, or both in the State of Florida. I am familiar with, and accept the object of registered agent, or both in the State of Florida. I am familiar with, and accept the object of registered agent, or both in the State of Florida. I am familiar with, and accept the object of Florida of Florida. I am familiar with, and accept the object of Florida of	Zip	Country	Zip	Со	untry	<b>5</b> . C	Certificate of Status Desired				
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SARASOTA FL 34241  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 and retrieval re	=			Street Address	(P.O. B	ox Number is Not Acceptable)	-				
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SIGNATURE   Signature to provide represent agent and title if applicable   (NOTE Registered Agent signature required when retailering)   DATE	OALAGO II	A ( E OTET)			City			FL	Zip Cod	e	
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### SUPPLIES SUPPLIES IS \$150.00   SECTION   S	. The obligati	ions of logistorod agont.									
After May 1, 2003 Fee will be \$550.00   Trust Fund Contribution.   Added to Fees    Nake Check Payable to Florida Department of State    10.	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regist	tered Agent signature requi	red when re	instating)	DATE			
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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		certify that the information supplied wit	h this filing does n			Section	119.07(3)(i), Florida Statutes.	further certif	fy that the	information	

cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ke empowered. indicated on this report or supplemental report the corporation or the receiver or trustee changed, or on an attachment with an audit

SIGNATURE: