2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



Apr 21, 2003 8:00 am Secretary of State

K66487 **DOCUMENT #** 04-21-2003 90463 038 ***158.75 1. Entity Name BIGGRO\$\$.COM, INC. Principal Place of Business Mailing Address 12800 INDIAN ROCKS RD 12800 INDIAN ROCKS RD SUITE 3 SUITE 3 LARGO FL 33774 **LARGO FL 33774** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2931594 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERARD, ERIC SAMUEL Street Address (P.O. Box Number is Not Acceptable) 2308 SETON LANE LARGO FL 33774 City Zip Code 🖎 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change Addition ☐ Delete GERARD, ERIC SAMUEL NAME NAME 2308 SETON LANE 4 STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP CITY-ST-ZIP Đ٧ TITLE ☐ Delete TITLE ☐ Change Addition MARRA, SEON **-NAME NAME 7124 THIRD AVENUE SO. STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL-33707 CITY-ST-ZIP CITY-ST-ZIP DST TITLE ☐ Delete TITLE Change ☐ Addition GERARD, DARREL NAME NAME 3676 PEACH STREET STREET ADDRESS STREET ADDRESS SALT LAKE CITY UT 84109 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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 in the corporation of the receiver of of the recei

SIGNATURE: