

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90162 012 \*\*\*\*50.00

**DOCUMENT # L00000007132**

1. Entity Name

**B.D.G. LIMITED LIABILITY COMPANY**

Principal Place of Business

**2321 ROANOKE COURT  
 LAKE MARY FL 32746**

Mailing Address

**2321 ROANOKE COURT  
 LAKE MARY FL 32746**

2. Principal Place of Business

**309 Dogwood Drive**  
 Suite, Apt. #, etc.

3. Mailing Address

**309 Dogwood Drive**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**SANFORD FLORIDA**

City & State

**SANFORD FLORIDA**

4. FEI Number

**59-3654341**

Applied For

Not Applicable

Zip

Country

**32771**

Zip

Country

**32771**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.  
 3732 NORTHWEST 16TH STREET  
 FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

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.

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 \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **BECK, CHARLES W JR**  
 STREET ADDRESS **32706 OAK VALLEY LANE**  
 CITY-ST-ZIP **SORRENTO FL 32776**

TITLE **MGRM** ☐ Delete  
 NAME **DENNARD, ROBERT W**  
 STREET ADDRESS **2321 ROANOKE COURT**  
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **MGRM** ☐ Delete  
 NAME **GREENE, ALFRED F JR.**  
 STREET ADDRESS **309 DOGWOOD DRIVE**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)