

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90144 016 ***150.00

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DOCUMENT # P00000031335

1. Entity Name
B.G.M., INC.



Principal Place of Business
**1877 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805**

Mailing Address
**P.O. BOX 1530
LUTZ FL 33548**



2. Principal Place of Business

3. Mailing Address

12918 N. NEBRASKA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

4. FEI Number **59-3647107**

Applied For

Not Applicable

Zip

33612

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LASDAY, FREDERIC ESQ.
16336 COMPTON PALMS DR.
TAMPA FL 33647**

Name

JAMES D. BRITT

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

152 WINTHROP ROAD

City

LUTZ

FL

Zip Code

33549

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]
Signature, typed or printed name of registered agent and title if applicable.

JAMES D. BRITT

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BRITT, JAMES D**
STREET ADDRESS **12805 WINNERS CIRCLE**
CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE **PD** ☒ Change ☒ Addition
NAME **JAMES D. BRITT**
STREET ADDRESS **12805 WINNERS CIRCLE**
CITY-ST-ZIP **SPRING HILL, FL 34610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **JOHN D. GORMAN**
STREET ADDRESS **1649 LYNNFIELD**
CITY-ST-ZIP **LUTZ-FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Change ☐ Addition
NAME **GARY SARABIA**
STREET ADDRESS **1247 KAYAK COVE**
CITY-ST-ZIP **LUTZ FL 33559**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

813-948-8157

Daytime Phone #

CR2E034 (10/02)