

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-23-2001 90463 026 ***150.00

DOCUMENT # P0000003385

1. Entity Name

LGG, INC.,

Principal Place of Business

23 S.E. 5th Ave.
 Delray Beach, FL
 33483

Mailing Address

23 S.E. 5th Ave.
 Delray Beach, FL
 33483

2. Principal Place of Business

Subs. Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Subs. Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65 1001310

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

T.N. Murphy, JR.
 980 N. Federal Highway
 Suite 410
 Boca Raton, FL 33432

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 re-registering.

Date

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE <input checked="" type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	LEIGH GOVE	2094 Gulf Stream Rd.	Gulf Stream, FL 33483	
TITLE <input checked="" type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Gwen Gove	3054 Gulf Stream Rd.	Gulf Stream, FL 33483	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input checked="" type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	LEIGH GOVE	23 S.E. 5th Ave.	Delray Beach, FL 33483	
TITLE <input checked="" type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Gwen Gove	23 S.E. 5th Ave.	Delray Beach, FL 33483	
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(D), 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Delray filing #

CR20034 (11/00)