


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90978 014 \*\*\*150.00

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

**DOCUMENT # P01000009070**

1. Entity Name  
**BGAR FOODS CORP.**



Principal Place of Business  
**750 W LAKE MARY BLVD  
 SANFORD, FL 32773**

Mailing Address  
**150 73RD AVE N  
 #105  
 SAINT PETERSBURG, FL 33702**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

4. FEI Number **27-0003892** Applied For Not Applicable

6. Name and Address of Current Registered Agent  
**GARDEN, FELIX  
 150 73RD AVE N  
 #105  
 SAINT PETERSBURG, FL 33702**

7. Name and Address of New Registered Agent  
 Name **GARDEN, Felix**  
 Street Address (P.O. Box Number is Not Acceptable)  
**651 BIRGHAM PL**  
 City **LAKE MARY** FL Zip Code **32746**

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  DATE **4/24/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing)

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GARDEN, FELIX	150 73RD AVE N	SAINT PETERSBURG, FL 33702	<input type="checkbox"/>
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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	GARDEN, Felix	651 BIRGHAM PL	LAKE MARY, FL 32773	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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

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:  DATE **4/24/03**


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

copy  
86103134

DOCUMENT # <b>P01000009070</b>	
1. Entity Name Bgard Foods Corp.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>750 W. Lake Mary Blvd</b>	3. Mailing Address <b>651 Birgham Pl</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Sanford, Florida</b>	City & State <b>Lake Mary, Florida</b>
Zip <b>32746</b>	Zip <b>32746</b>

4. FEI Number <b>27-0003892</b>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Garden, Felix</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>651 Birgham Pl</b>	
City <b>Lake Mary</b>	FL Zip Code <b>32746</b>

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 \_\_\_\_\_ DATE **4/24/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Garden, Felix 651 Birgham Pl Lake Mary, Florida 32746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE **4/24/03** DAYTIME PHONE # **407328-1233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)