

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90180 008 ***550.00

DOCUMENT # P01000030751**1. Entity Name**
C.A.G. ENTERPRISES, INC.**Principal Place of Business****15113 HEROGLIN DR**
LITHIA FL 33547**Mailing Address****15113 HEROGLIN DR**
LITHIA FL 33547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**2515 S.R. 60 East****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**Valrico FL****City & State****4. FEI Number****59-3721478**

Applied For

Not Applicable

Zip**33594****Country****Hillsborough****Zip****Country****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****GINGRAS, ANDRE L**
15113 HEROGLIN DR
LITHIA FL 33547**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. 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution: ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GINGRAS, ANDRE L	
STREET ADDRESS	15113 HEROGLIN DR	
CITY - ST - ZIP	LITHIA FL 33547	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GINGRAS, CATHY E	
STREET ADDRESS	15113 HEROGLIN DR	
CITY - ST - ZIP	LITHIA FL 33547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** *Andre Gingras* **REQUIRE** **ANDRE GINGRAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/6/02

Daytime Phone #

813-653-7947

CR2E034 (4/02)