UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
05-15-2002 90102 018 ***150.00

DOCUMENT # P01000074496

1. Entity Name

B & G Insurance Services, Inc

96214

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6190 Serene Run
Suite, Apt. #, etc.
Lake Worth
City & State
Florida
Zip 33467 Country USA

3. Mailing Address
6190 Serene Run
Suite, Apt. #, etc.
Lake Worth FL
City & State
Zip 33467 Country U.S.A.

DO NOT WRITE IN THIS SPACE

FEI Number 65-1131724 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: BRENDA J. DELONG
Street Address (P.O. Box Number Not Acceptable): 6190 Serene Run
City: Lake Worth FL Zip: 33467

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: Brenda J DeLong DATE: 6/18/02
(Signature of current or previous registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

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

Jan 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRES.
NAME	BRENDA J. DELONG
STREET ADDRESS	6190 Serene Run
CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	V. PRES
NAME	GENE DeLong
STREET ADDRESS	6190 Serene Run
CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda J DeLong 4/30/02 561-357-4704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #