

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90222 026 ***150.00

DOCUMENT # P01000098304

1. Entity Name

BG AUTOMOTIVE AND MARINE SERVICES, INC.



Principal Place of Business

**161 US HIGHWAY 1
ROCKLAND KEY, SUITE 16
KEY WEST FL 33040**

Mailing Address

**P.O. BOX 4094
KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

12245 STRATFORD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLIVE, IA

Zip

Country

Zip

Country

50325

4. FEI Number

42-1525443

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CREGER, D. JEFFERY
631 THOMAS STREET
APT # 2
KEY WEST FL 33040**

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

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 ☐ Delete
NAME **PD**
STREET ADDRESS **CREGER, D. JEFFREY**
CITY-ST-ZIP **631 THOMAS STREET, APT #2
KEY WEST FL 33040**

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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **THOMAS, JAMES R**
CITY-ST-ZIP **624 MATTHEWS - MINT HILL RD, SUITE 6-B
MATTHEWS NC 28105**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **THOMAS, KATHERINE B**
CITY-ST-ZIP **624 MATTHEWS-MINT HILL RD, SUITE 6-B
MATTHEWS NC 28105**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CREGER, HERMIEN**
CITY-ST-ZIP **2378 NW 150TH STREET
CLIVE IA 50325**

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-03

Date

Daytime Phone #

CR2E034 (10/02)