

FILED
Jul 10, 2003 8:00 am
Secretary of State

04-30-2003 90515 001 ***450.00

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

DOCUMENT # P02000011546

1. Entity Name
XRG G&A, INC.



Principal Place of Business
100 FIFTH AVENUE
SUITE 614
PITTSBURGH PA 15222

Mailing Address
100 FIFTH AVENUE
SUITE 614
PITTSBURGH PA 15222

55050852

2. Principal Place of Business

5301 Cypress St
Suite, Apt. #, etc.
Stc III
City & State
Tampa FL
Zip
33607 Country

3. Mailing Address

5301 Cypress St
Suite, Apt. #, etc.
Stc III
City & State
Tampa FL
Zip
33607 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0393862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, DONALD P
100 SECOND AVENUE SOUTH
SUITE 200-S
ST. PETERSBURG FL 33701

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Stephen Castano	5301 Cypress St	Tampa FL 33607	President
	K. Brown	5301 Cypress St	Tampa FL 33607	Director

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

4/27/03
Date

Daytime Phone #

CR2034 (10/02)