

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90074 045 ***150.00

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DOCUMENT # P02000016180

1. Entity Name
B & G OFFICE WORLD, INC.



Principal Place of Business
**7339 GALL BLVD
ZEPHYRHILLS FL 33541**

Mailing Address
**7339 GALL BLVD
ZEPHYRHILLS FL 33541**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Go Abe Bidarian Suite, Apt. #, etc. 11408 Gibraltar Pl. City & State Tampa, FL Zip 33617 Country Hillsborough		3. Mailing Address Go Abe Bidarian Suite, Apt. #, etc. 11408 Gibraltar Pl. City & State Tampa, FL Zip 33617 Country Hillsborough	
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4. FEI Number **01-0588023** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**MURPHY, DAVID J
14217 THIRD ST
DADE CITY FL 33523-3828**

7. Name and Address of New Registered Agent

Name **LAWRENCE D. SEKATIPQ, CPA**
Street Address (P.O. Box Number is Not Acceptable)
7384 N 56th Ave
Suite 3
City **Tampa** FL Zip Code **33617**

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

4-10-03

(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	President Abbas Bidarian 11408 Gibraltar Pl. Tampa, FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David Grabau 10916 Gillette Ave Tampa, FL 33617	<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 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
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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:

ABDUL B. BIDARIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abbas Bidarian **4/10/03** **813-917-3425**
Date Daytime Phone #

CR2E034 (10/02)