

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90499 016 \*\*\*150.00

DOCUMENT # P02000021628

1. Entity Name  
B.I.G. PLUS, INC.



Principal Place of Business  
15347 AMBERLY DRIVE  
TAMPA FL 33647

Mailing Address  
15347 AMBERLY DRIVE  
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

15347 Amberly Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL 33647

4. FEI Number

010640847

Applied For

Not Applicable

Zip

Country

Zip

Country

33647

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHEWS, RAYMOND  
15347 AMBERLY DRIVE  
TAMPA FL 33647

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 D  
NAME FISHER, ROBIN L  
STREET ADDRESS 1625 GARDEN STREET  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE D  
NAME CARR, BERNIE  
STREET ADDRESS 12049 S.W. 117 AVENUE  
CITY-ST-ZIP MIAMI FL 33186

TITLE D  
NAME WELLS, HERBERT A JR.  
STREET ADDRESS 4121 N.W. 189 TERRACE  
CITY-ST-ZIP MIAMI FL 33055

TITLE D  
NAME WHITE, STANLEY  
STREET ADDRESS 2556-A BEARSS AVENUE  
CITY-ST-ZIP TAMPA FL 33613

TITLE D  
NAME WILLIAMS, JUAN J  
STREET ADDRESS 1249 10TH STREET  
CITY-ST-ZIP LAKE PARK FL 33403

TITLE D  
NAME GISSENDANNER-DOSTER, BETTY  
STREET ADDRESS 14399 MADDOCK AVENUE  
CITY-ST-ZIP PORT CHARLOTTE FL 33953

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)