2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000043771 **DOCUMENT #**

1. Entity Name



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90141 013 ***150.00

FGLT, INC.) 		
Principal Place of Business 6512 WATSON RD RIVERVIEW FL 33569			Mailing Addres 6512 WATSON RIVERVIEW FL	RD				
2. Principal Place of Business 3. Mailing Addi				Address		-	1 1(11) 1 1 1 11 101	J51 10 150
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.		CHECK HERE IF MAKING O		
City & State	-		City & State			4. FEI Number 03-0435282	Not	Applicable
Zip Country			Zip			5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	e and Address of Curi	rent Registered Agent			7. Name and Address of New Registered Ag	ent	
	*				Name			· ·
GARDNER 128 W RO	•			•	Street Address	s (P.O. Box Number is Not Acceptable)		
BRANDON FL 33511								·
1					City	FL	Zip Code	,
					J #iint		l miliar with, a	and accept
8. The above the obligat	named enti ions of regis	ity submits this statement stered agent.	ent for the purpose of Cr	nanging its registe	led office of regist	tered agent, or both, in the State of Florida. I am fa		
SIGNATURE .	Signature, type	d or printed name of registered	agent and title if applicable.	(NOTE: Register	red Agent signature requi	ired when reinstating) DATE		-
Afte	May 1, 20	III FEE IS \$150.00 003 Fee will be \$550 to Florida Departme	00.0			9. Election Campaign Financing Trust Fund Contribution.	Ådded	May Be to Fees
10.			AND DIRECTORS	11		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11
TITLE	D			Delete TIT	LE		☐ Change	☐ Addition
NAME	GRIFFIS,	JOHN			ME			
STREET ADDRESS		TSON RD -		• · · · · · · · · · · · · · · · · · · ·	REET ADDRESS			
CITY-ST-ZIP	RIVERVIE	W FL 33569	A	cr	TY-ST-ZIP			Addition
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NAME	TRAINA,		•		REET ADDRESS		•	
STREET ADDRESS		NCOLN RD			TY-ST-ZIP			
CITY-ST-ZIP	HIVERVIE	W FL 33569		-			Change	☐ Addition
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STREET ADDRESS					ITY-ST-ZIP			į

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:

JOHN F. GRIFFIS