

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90102 017 ***150.00

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

10038234

DOCUMENT # P02000050744		
1. Entity Name BIG SAVINGS, INC.		
Principal Place of Business 4743 W. ORLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746		Mailing Address 4743 W. ORLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 02-0595804		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SALAZAR, IVAN A 9763 S. ORANGE BLOSSOM TRL 210 ORLANDO, FL 32837		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 date if applicable. (NOTE: Registered Agent's signature required when retaining.) DATE _____		
FILE NOW!!! FEE \$150.00 After May 1, 2003 Fee will be \$650.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, LUIS O 4743 W. ORLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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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 507, 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 3-11-03 Daytime Phone #