

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90062 003 ***150.00

DOCUMENT # P02000051102

1. Entity Name
FGI, INC.



Principal Place of Business
2211 ALICIA LANE
ATLANTIC BCH FL 32233

Mailing Address
2211 ALICIA LANE
ATLANTIC BCH FL 32233

11007148



2. Principal Place of Business
2211 ALICIA LN.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ATLANTIC BCH FLA
Zip
32233
Country
DUVAL

City & State
FLA
Zip
Country

4. FEI Number
02-0626548 (EIN)
Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CONNER, STEVEN W~~
~~1100 PARK AVE~~
~~ORANGE PARK FL 32073~~
CARLA L.M. FERRARI
4124 CORD GRASS INLET DR.
JAX. FLA. 32250

7. Name and Address of New Registered Agent

Name
CARLA L.M. FERRARI
Street Address (P.O. Box Number is Not Acceptable)
4124 CORD GRASS INLET DR.
City
JAX FL Zip Code
32250

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IRELAND, LOCK W
2211 ALICIA LANE
ATLANTIC BCH FL 32233

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GALLEN, JOHN J
1446 HARRINGTON PARK DR.
JACKSONVILLE FL 32235

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERRARI, CARLA L
4124 CORD GRASS INLET DR.
JACKSONVILLE FL 32250

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 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)