

**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

U.S. 142

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.

3. Mailing Address
SAME

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ATLANTIC BCH FLA

City & State
FLA

Zip
32233

Country
DUVAL

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

~~GONNER, STEVEN W~~
~~1406 PARK AVE~~
~~ORANGE PARK FL 32073~~

CARLA LN. FERRARI
4124 CORD GRASS INLET DR.
JAX. FLA. 32250

7. Name and Address of New Registered Agent

Name
CARLA L.M. FERRARI

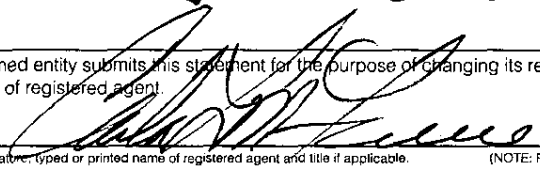
Street Address (P.O. Box Number is Not Acceptable)
4124 CORD GRASS INLET DR.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	IRELAND, LOCK W	
STREET ADDRESS	2211 ALICIA LANE	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLEN, JOHN J	
STREET ADDRESS	1446 HARRINGTON PARK DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32235	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRARI, CARLA L	
STREET ADDRESS	4124 CORD GRASS INLET DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 true empowered.

SIGNATURE:  4/23/03 904.838.8725

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)