2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000052707

1. Entity Name

CBG SERVICES, INC.



T1LED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 900€2 024 555

03-17-2003 90063 034 ***150.00

						GOO WE	Trus									
Principal Place of Business 7549 DOCKSIDE ST. WINTER PARK FL 32792			Mailing Address 7549 DOCKSIDE ST. WINTER PARK FL 32792												.	
2. Principal F	Place of Busin	ness	3. Mailing Address													
Suite, Apt. #, etc.			Suite, Apt. #, etc.						:	□ CHE	CK HER	RE IF MA	KING C	HANGES		
City & State			City & State					4. FEI Number ACC2 /7 2 Applied For								
Zip Country			Zip Country			try		5. Certificate of Status Desired S8.75 Additional							ditional	
						7. Name and Address of New Registered Agent							ed			
	6. Name	and Address of Current	Registered	Agent		<u> </u>	·	7. N	lame and	Address	of New	Registe	red Ag	ent		
GASSIOT, CHARLES B				Name Street Address			dross (E	(PO Roy Number is Not Acceptable)								
	CKSIDE ST. PARK FL 32	792		<u> </u>			Street Address (P.O. Box Number is Not Acceptable)									
W. W. L. W.	AIII I L OZ	7 3 L				City					,		FL	Zip Cod	le	
8 The above	named entity	y submits this statement fo	r the nurnes	e of changing its r	egietere	ed office or	registere	d age	ent or both	n in the	State of I			niliar with	and accept	
	tions of regist		the purpos	e or changing its in	egistere	sa office of	registere	aye	ent, or 500	1, 111 (116	State of	i ionda, i	ain iai	illiai witii,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applica	ble. (NOTE:	Registere	d Agent signatu	re required v	when rei	instating)			D.	ATE			
After	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00							l	ction Ca		Financing	, 		0 May Be	
Make Check	Payable to	Florida Department of	State													
10.		OFFICERS AND	DIRECTORS	3	11.			ADI	DITIONS/	CHANGE	S TO O	FFICERS	AND D	IRECTOR	S IN 11	
TITLE	D			☐ Delete	TITLE	:								Change	☐ Addition	
NAME		CHARLES B			NAMI											
STREET ADDRESS		KSIDE ST.				ET ADDRESS										
CITY-ST-ZIP	WINTERP	ARK FL 32792			CITY-	-ST-ZIP										
TITLE				☐ Delete	TITLE	:] Change	Addition	
NAME					NAMI											
STREET ADDRESS						ET ADDRESS										
CITY-ST-ZIP					GHY-	-ST-ZIP							_			
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NAME STREET ADDRESS					NAM	ET ADORESS										
CITY-ST-ZIP						-ST-ZIP										
TITLE	ļ <u>.</u>			☐ Delete	TITLE		·						Г	Change	☐ Addition	
NAME				□ Delete	NAME								L	□ Change	Addition	
STREET ADDRESS						ET ADDRESS										
CITY-ST-ZIP					CITY-	-ST-ZIP									1	
TITLE				☐ Delete	TITLE								Г	Change	☐ Addition	
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CITY-ST-ZIP					CITY-	-ST-ZIP										
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NAME					NAME	.										
STREET ADDRESS	1					ET ADDRESS										
CITY-ST-ZIP	L				CITY-	ST-ZIP			••							
49 Iborobu o		s information according to the	مام ومناثة منطة					40.00	40.07(0)(0)		a	1.7				

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: _