FILED

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

SIGNATURE: 200

Apr 30, 2003 8:00 am Secretary of State P02000084624 **DOCUMENT #** 04-30-2003 90127 044 ***150.00 1. Entity Name B & G ENTERPRICES, INC. Principal Place of Business Mailing Address 1815 TINKER DR. 1815 TINKER DR. (Delete) (Delete) LUTZ FL 33559 LUTZ FL 33559 2. Principal Place of Business 3. Mailing Address 2902 West Gandy Blvd 27744 Sandbagger Lane Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 50-0005495 Wesley Chapel, Fl Not Applicable <u>Tampa, Fl</u> Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>33611-2824</u> |Hillsborough Pasco 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jose Rodriguez (Delete) RODRIGUEZ, RUTH Street Address (P.O. Box Number is Not Acceptable) 1815 TINKER DR. 27744 Sandbagger Lane **LUTZ FL 33559** Zip Code 33544 Wesley Chapel 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 Jose Rodriguez Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE X Delete TITLE RODRIGUEZ, RAUL NAME NAME 1815 TINKER DR. STREET ADDRESS STREET ADDRESS LUTZ FL 33559 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE PΤ RODRIGUEZ: JOSE NAME NAME Jose Rodriguez STREET ADDRESS 1815 TINKER DR. STREET ADDRESS 27744 Sandbagger Lane CITY-ST-ZIP LUTZ FL 33559 CITY-ST-7IP Wesley Chapel, Fl 33544 = Change --- Addition = == TITLE ST----■ Delete inti Fa RODRIGUEZ, RUTH NAME NAME STREET ADDRESS STREET ADDRESS 1815 TINKER DR. CITY-ST-ZIP CITY-ST-ZIE LUTZ FL 33559 TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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