2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 05, 2002 8:00 am Secretary of State DOCUMENT # P94000060806 1. Entity Name 03-05-2002 90053 025 ***150.00 B & G TRUCKING, INC. Mailing Address Principal Place of Business 3470 21 ST AVE., SW 3470 21 ST AVE., SW NAPLES FL 34117 NAPLES FL 34117 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0509942 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **HUMPHREY, ROBERT** Street Address (P.O. Box Number is Not Acceptable) 3470 21 ST AVE., SW NAPLES FL 34117 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete TITLE NAME HUMPHREY, ROBERT NAME STREET ADDRESS 3470 21 ST AVE., SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34117 ☐ Change Addition ☐ Delete TITLE TITLE HUMPHREY, VIRGINIA NAME STREET ADDRESS 3470 21ST ST. AVE. S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34117 ☐ Change ☐ Addition TITLE TITLE □ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

FILED