## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2002 8:00 am Secretary of State **DOCUMENT #** P96000037855 1. Entity Name B G M B, INC. 05-14-2002 90043 009 \*\*\*150.00 Principal Place of Business Mailing Address 2809 HERMITAGE BLVD 2809 HERMITAGE BLVD VENICE FL 34292 VENICE FL 34292 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0671554 Zip Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name LANINFA, GERARD A Street Address (P.O. Box Number is Not Acceptable) 2809 HERMITAGE BOULEVARD VENICE FL 34292 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to eatisfy its lintangible. FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME CR2E034 (9/01) LANINFA, GERARD A Change Addition NAME STREET ADDRESS 2809 HERMITAGE BOULEVARD STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-7IP TITLE Delete NAME ☐ Change ☐ Addition LANINFA, BARBARA A NAME STREET ADDRESS 2809 HERMITAGE BOULEVARD STREET ADDRESS CITY-ST-7/P <u>VENICE FL 34292</u> CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Addition Change 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 changed, or on an attachment with an address, with all other the empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED

Delete

Alinto 4-22-02 941-809-2404

☐ Change

☐ Addition