FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90190 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80120940

DOCUMENT # P96000037855

1. Entity Name
B G M B, INC.

Principal Place of Business	Mailing Address
2809 HERMITAGE BLVD VENICE, FL 34292 US	2809 HERMITAGE BLVD VENICE, FL 34292 US

2. Principal Place of Business	3. Mailing Address
733 EaglePoint Dr	733 Eagle Point Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL.	City & State: Venice, FL.
Zip: 34292 Country: Sarasota	Zip: 34292 Country: Sarasota

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0671554 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANINFA, GERARD A
2809 HERMITAGE BOULEVARD
VENICE, FL 34292

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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)
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 Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANINFA, GERARD A 2809 HERMITAGE BOULEVARD VENICE, FL 34292 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANINFA, BARBARA A 2809 HERMITAGE BOULEVARD VENICE, FL 34292 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 like empowered.

SIGNATURE: (signature) Gerard A. LaNinfa 5-15-03 (941) 809-2904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #