

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0314354

DOCUMENT # P96000087742

1. Entity Name

BMG, INC.

05-17-2001 91074 041 ***150.00

Principal Place of Business

Mailing Address

**1700 DOVER RD
 207A
 DELRAY BEACH FL 33445**

**1700 DOVER RD
 207A
 DELRAY BEACH FL 33445**

2. Principal Place of Business

1700 Dover Rd 207A

3. Mailing Address

1700 Dover Rd 207A

Suite, Apt. #, etc.

Delray Beach, FL 33445

Suite, Apt. #, etc.

Delray Beach, FL 33445

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number **65-0764594**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOYLE, BERNARD T ESQ.
 ONE FINANCIAL PLAZA
 NATIONSBANK TOWER, SUITE 1600
 FT LAUDERDALE FL 33394**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GREER, BRET M**
 STREET ADDRESS **1700 DOVER RD. #207A**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bret M Greer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/01

Daytime Phone #

CR2E034 (10/00)