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FILED
Jun 11, 2003 8:00 am
Secretary of State
05-05-2003 91452 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009472

1. Entity Name
BGS (Southwest Florida) Inc.

DO NOT WRITE IN THIS SPACE

55047660

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
188 Topanga Drive	188 Topanga Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs FL	City & State: Bonita Springs FL
Zip: 34134 Country: US	Zip: 34134 Country: US

4. FEI Number: 59-3433477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $0.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Vlahovic, Kathryn
Street Address (P.O. Box Number is Not Acceptable): 188 Topanga Drive
City: Bonita Springs FL Zip Code: 34134

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: Kathryn Vlahovic 6/9/03
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	10% owner Mylla, Paulo 2015 Imperial Golf Course Blvd. Naples FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	change ownership %
TITLE NAME STREET ADDRESS CITY-ST-ZIP	40% owner Leith, Sheila 7127 Blue Juniper Ct. #101 Naples FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	50% owner Vlahovic, Kathryn 188 Topanga Dr. Bonita Springs FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	add DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mylla, Gina 2015 Imperial Golf Course Blvd. Naples FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E054B (12/02)

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 on an attachment with an address, with all other like empowered.

Sheila Leith 5/1/03 239-498-8529

5/1/200