




FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000022723						Secretary of State					
1. Entity Name B&D GARAGE, INCORPORATED											
Principal Place of Business 6220 S.R. 64 EAST BRADENTON, FL 34208				Mailing Address 6220 S.R. 64 EAST BRADENTON, FL 34208							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02172004 Chg-P CR2E034 (10/03)			
City & State				City & State				4. FEI Number 65-0744189		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
SCHULTZ, ROBERT H ESQ 406 13TH STREET WEST BRADENTON, FL 34205						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City				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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00						9. Election Campaign Financing <input type="checkbox"/> \$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		PSTD SOUTHARD, RICHARD S 6220 S.R. 64 EAST BRADENTON, FL 34208 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 0000000290859 03/17/04-80036-002 150.00			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X 						X 3/15/04 Date Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											