

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90148 015 ***150.00

DOCUMENT # P97000047570

1. Entity Name
BG KING, INC.

Principal Place of Business Mailing Address
15804 SCRIMSHAW DRIVE 15804 SCRIMSHAW DRIVE
TAMPA FL 33624 TAMPA FL 33624

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3449475 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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ DATE _____
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 satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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 Delete
 NAME **PD GIESKING, BRUCE G**
 STREET ADDRESS **15804 SCRIMSHAW DRIVE**
 CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE Delete
 NAME **STD GIESKING, PAMELA S**
 STREET ADDRESS **15804 SCRIMSHAW DRIVE**
 CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE Delete
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 STREET ADDRESS _____
 CITY-ST-ZIP _____

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TITLE Change Addition
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 CITY-ST-ZIP _____

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/14/01** Daytime Phone # **813-969-0788**

CR2E034 (10/00)