

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90085 007 ***150.00

036667 AV

DOCUMENT # P97000048968

1. Entity Name
BVG INC.



Principal Place of Business
P.O. BOX 292915
DAVIE FL 33329-2915

Mailing Address
P.O. BOX 292915
DAVIE FL 33329-2915



2. Principal Place of Business

P.O. Box 10441

3. Mailing Address

P.O. Box 10441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

POMPADO BEACH, FL

City & State

POMPADO BEACH, FL

4. FEI Number **65-0758719**

Applied For

Not Applicable

Zip

33061

Country

USA

Zip

33061

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HOWELL, BOB J
4801 S UNIVERSITY DRIVE
SUITE 138
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

Same

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

4801 S. UNIVERSITY DRIVE

SUITE 138

City

DAVIE

FL

Zip Code

33328

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, 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 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 **P** ☐ Delete
NAME **GRIFFIN, BARBARA V**
STREET ADDRESS **P.O. BOX 292915**
CITY-ST-ZIP **DAVIE FL 33329-2915**

TITLE **VP** ☐ Delete
NAME **OLIVER, CHERYL G**
STREET ADDRESS **P.O. BOX 292915**
CITY-ST-ZIP **DAVIE FL 33329**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 10441**
CITY-ST-ZIP **POMPADO BEACH, FL 33061**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 10441**
CITY-ST-ZIP **POMPADO BEACH, FL 33061**

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

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

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

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

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:

Barbara V. Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/03
Date

954-401-1110
Daytime Phone #

CR2E034 (10/02)