## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P98000092972

1. Entity Name

BAGLEY INTERNATIONAL, INC.



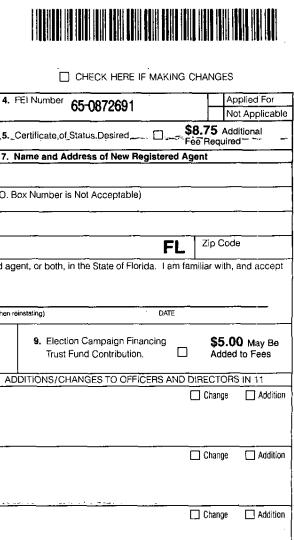
Principal Place of Business 2325 GORDON DRIVE NADLES EL 24102

Mailing Address 2325 GORDON DRIVE NADLES EL 34102

TAN ELO TE OTTOE		INITES TE 0410g	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zíp	Country

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90512 032 \*\*\*150.00



.5.\_Certificate.of\_Status.Desired\_\_\_\_ [ ] 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMB, JEFFREY R Street Address (P.O. Box Number is Not Acceptable) 868 106TH AVE N NAPLES FL 34108 City 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) FILE NOW!!! FEE IS \$150.00 > After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE NAME ROGAN, MIKE NAME 5719 CORPORATION CIRCLE UNIT 1 STREET ADDRESS STREET ADDRESS NAPLES FL 33905 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING CEEICER OR DIRECTOR