FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90452 001 ***150.00

DOCUMENT # P99000021668

1. Entity Name
CGL ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4005 SWANN AVE Suite, Apt. #, etc.	4005 SWANN AVE Suite, Apt. #, etc.
City & State TAMPA, FLORIDA	City & State TAMPA, FLORIDA
Zip 33609 Country	Zip 33609 Country

4. FEI Number
59-3674782
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GLENN D. LAUNEY

Street Address (P.O. Box Number is Not Acceptable): 4005 SWANN AVENUE

City: TAMPA, FLORIDA 33609 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) Date

Fee: January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Annual 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: PRESIDENT NAME: LAUNEY, GLENN STREET ADDRESS: 4005 SWANN AVENUE CITY-ST-ZIP: TAMPA FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VICE PRESIDENT NAME: LAUNEY, CINDY L STREET ADDRESS: 4005 SWANN AVENUE CITY-ST-ZIP: TAMPA FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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.

SIGNATURE: _____ 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Glen D. Launey