

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023340

1. Entity Name

B.G.'S TREASURE CHEST, INC.

Principal Place of Business

85 HOOD DRIVE  
PENSACOLA FL 32514

Mailing Address

85 HOOD DRIVE  
PENSACOLA FL 32514

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3563221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, GLENNIS C  
3220 CREEKWOOD DRIVE  
CANTONMENT FL 32514

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE D ☐ Delete  
NAME SIMMONS, BETTY J  
STREET ADDRESS 85 HOOD DRIVE  
CITY-ST-ZIP PENSACOLA FL 32514

TITLE D ☐ Delete  
NAME SIMMONS, GLENNIS C  
STREET ADDRESS 85 HOOD DRIVE  
CITY-ST-ZIP PENSACOLA FL 32514

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
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:

*Betty J. Simmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-01 850.969.0908  
Date Daytime Phone #

FILED  
Jun 19, 2001 8:00 am  
Secretary of State

06-19-2001 90005 014 \*\*\*550.00

A0073687



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment  
A0073687

Document# P99000023340

6.9.01

Dear Sir,

This was not late  
on purpose but simply  
because of oversight.  
We are hardly making  
it this year because  
of slow business. I  
would not compound  
the problem with a  
\$400.00 late fee.

Thanks,  
Betty J. Simmons