

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
 05-12-2001 90008 015 ***158.75

DOCUMENT # P99000107396

1. Entity Name
BGD, INC

Principal Place of Business

Mailing Address

A0064185

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3652 N ANDREWS AVE 3652 N. ANDREWS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT LAUDERDALE, FL FORT LAUDERDALE, FL

4. FEI Number

Applied For

Not Applicable

65-0969705

Zip

Country

Zip

Country

33309 USA 33309 USA

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

**BLOCK, MICHAEL
 3652 N. ANDREWS AVE
 FT. LAUDERDALE, FL 33309**

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, 2000 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 **P.D. DAVIS BRYAN G.**
 STREET ADDRESS **3648 N. ANDREWS AVE**
 CITY-ST-ZIP **OAKLAND PARK, FL 33309**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Bryan G Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRYAN G DAVIS, Pres

4/23/2001 954-270-1158
 Date Daytime Phone #

CR2E034 (9/99)