2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: /

DOCUMENT # V29738 1. Entity Name BG & ASSOCIATES INTERNATIONAL, INC.				Jan 30, 2002 8:00 am Secretary of State 01-30-2002 90017 021 ***150.00
Principal Place of Business 108 EAST JEFFERSON STREET SUITE C TALLAHASSEE FL 32301		Mailing Address 108 EAST JEFFERSON STREET SUITE C TALLAHASSEE FL 32301		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0325752 Applied For Not Applicable
Zip 	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Nome	7. Name and Address of New Registered Agent
GOSNELL, ELIZABETH ANNE 108 EAST JEFFERSON STREET SUITE C			Name Street Address	s (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301			City	FL Zip Code
(See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Make Check Payable to Department of State				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Food
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P Gosnell, Elizabeth A 108 E. Jefferson St, Suite C Tallahassee Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS; CITY-ST-ZIP	ANCHE CONTRACTOR	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	f Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby certify that the information supplied with this fling 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 rebeiver 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, but in all other like empowered.				