

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90144 047 ***150.00

DOCUMENT # S17091

1. Entity Name

C. G. B. M. T. ENTERPRISES, INC.



Principal Place of Business

145 KNOBBY VIEW DRIVE
HIGHLAND MI 48357

Mailing Address

145 KNOBBY VIEW DRIVE
HIGHLAND MI 48357

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0221932

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARAVAGLIA, CHARLES

4550 18TH AVENUE N.W.

APT. 207

POMPANO BEACH FL 33064

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. 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)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GARAVAGLIA, MARY ANN	
STREET ADDRESS	145 KNOBBY VIEW DRIVE	
CITY-ST-ZIP	HIGHLAND MI 48357	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARAVAGLIA, CHARLES LEWIS	
STREET ADDRESS	148 KNOBBY VIEW DRIVE	
CITY-ST-ZIP	HIGHLAND MI 48357	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARAVAGLIA, CHARLES L	
STREET ADDRESS	4550 18TH AVE NW #2-207	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARAVAGLIA, CHARLES	
STREET ADDRESS	25419 LIBERTY LANE	
CITY-ST-ZIP	FARMINGTON MI 48335	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Charles L. Garavaglia* **CHARLES L. GARAVAGLIA** **1-6-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)