

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

00643983 AV

**DOCUMENT # P00000098189**

1. Entity Name  
**B.G. SHELBY ENTERPRISES, INC.**

04-30-2002 90086 033 \*\*\*150.00

Principal Place of Business Mailing Address  
**507 NW 39TH RD. STE 206 P.O. BOX 90105**  
**GAINESVILLE FL 32607-2303 GAINESVILLE FL 32607-0105**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**2701 NW 23<sup>RD</sup> BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**C-22**

City & State City & State  
**GAINESVILLE, FL**

Zip Country Zip Country  
**32605 ALACHUA**

4. FEI Number **59-3677120** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHELBY, BARBARA G**  
**507 NW 39TH RD, STE 206**  
**GAINESVILLE FL 32607-2303**

**7. Name and Address of New Registered Agent**

Name **SHELBY, BARBARA G.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2701 NW 23<sup>RD</sup> BLVD**  
**C-22**  
 City **GAINESVILLE FL** Zip Code **32605**

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 **Barbara G. Shelby, Pres. Barbara G. Shelby** 4/17/02  
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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHELBY, BARBARA G</b>	
STREET ADDRESS	<b>507 NW 39TH RD, STE 206</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32607-2303</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BECKETT, PETE</b>	
STREET ADDRESS	<b>2247 NW 15TH AVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELBY, BARBARA G.</b>	
STREET ADDRESS	<b>2701 NW 23<sup>RD</sup> BLVD. - C-22</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: **Pete Beckett** **BECKETT, VICE PRESIDENT** 4/17/02 352-514-0724  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #