

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90084 027 ***150.00

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



Principal Place of Business
2701 NW 23RD BLVD
C-22
GAINESVILLE FL 32605

Mailing Address
P.O. BOX 90105
GAINESVILLE FL 32607-0105



2. Principal Place of Business
1627 S. GARY PLACE
Suite, Apt. #, etc.
~~TULSA, OK 74104~~

3. Mailing Address
1627 S. GARY PLACE
Suite, Apt. #, etc.
~~TULSA, OK~~

City & State
TULSA, OK

City & State
TULSA, OK

Zip
74104

Country
USA

Zip
74104

Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SHELBY, BARBARA G.
2701 NW 23RD BLVD
GAINESVILLE FL 32605

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

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

7. Name and Address of New Registered Agent
Name
SHELBY, BARBARA G.
Street Address (P.O. Box Number is Not Acceptable)
1627 S. GARY PLACE
City
TULSA, OK Zip Code
74104

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 Barbara G. Shelby **Barbara G. Shelby** DATE **3/25/03**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELBY, BARBARA G 2701 NW 23RD BLVD C-22 GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKETT, PETE 2247 NW 15TH AVE GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELBY, BARBARA G. 1627 S. GARY PLACE TULSA, OK 74104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKETT, PETE 1627 S. GARY PLACE TULSA, OK 74104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Pete Beckett **PETE BECKETT** DATE **MAR 25 2003** DAYTIME PHONE # **352-494-4260**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (10/02)