

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90015 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 399230**

1. Entity Name  
**SGAMAR, INC.**

Principal Place of Business: **6230-4 WEST INDIANTOWN RD. JUPITER FL 33458**

Mailing Address: **C/O KURTZ ACCOUNTING 13205 US HWY #500 JUNO BEACH FL 33408 US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: **c/o Kenneth Gillespie, C.P.R.P.A. Suite, Apt. #, etc. 13205 US #1 Ste 502**

City & State: **Juno Beach, FL**

Zip: **33408** Country: **U.S.A.**

4. FEI Number: **59-1385783**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

**KURTZ, JOHN W. 13205 US HWY 1 #500 JUNO BEACH FL 33408**

7. Name and Address of New Registered Agent

Name: **Kenneth Gillespie, C.P.A.**

Street Address (P.O. Box Number is Not Acceptable): **13205 U.S. HWY 1 #502**

City: **Juno Beach, FL** Zip Code: **33408**

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: **Kenneth Gillespie C.P.A. Kenneth Gillespie C.P.A.** DATE: **01-07-2000**

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCHESANI, JEAN	
STREET ADDRESS	2403 N WALLEN DR	
CITY-ST-ZIP	LAKE PARK FL 33401	
TITLE	TDM	<input type="checkbox"/> Delete
NAME	MARCHESANI, JOSEPH M	
STREET ADDRESS	407 LAKEWOOD CR., #5-C	
CITY-ST-ZIP	LAKE PARK FL 33458	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33	
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		

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: **JEAN MARCHESANI** DATE: **1/24/00** DAYTIME PHONE #: **(561) 775-2634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)