

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

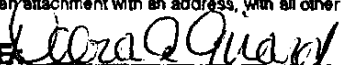
04-28-2003 91457 009 ***150.00

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

90113596



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000021343			
1. Entity Name SDG SERVICES, INC.			
Principal Place of Business 3356 W PROMONTORY DRIVE BEVERLY HILLS, FL 34465-2214		Mailing Address 3356 W PROMONTORY DRIVE BEVERLY HILLS, FL 34465-2214	
2. Principal Place of Business RR 10 BOX 943 Suite, Apt. #, etc.		3. Mailing Address RR 10 BOX 943 Suite, Apt. #, etc.	
City & State LAKE CITY FL		City & State LAKE CITY FL	
Zip 32025	Country USA	Zip 32025	Country USA
4. FEI Number 59-3699537		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GIRARD, DEBRA A 3356 W PROMONTORY DRIVE BEVERLY HILLS, FL 34465-2214		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RR 10 BOX 943 City LAKE CITY FL Zip Code 32025	
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  DEBRA A. GIRARD DATE 4-25-03 (NOTE: Registered Agent's signature required when registering.)			
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 NAME STREET ADDRESS CITY-ST-ZIP	D GIRARD, DEBRA A 3356 W PROMONTORY DRIVE BEVERLY HILLS, FL 344652214 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RR 10 BOX 943 LAKE CITY FL 32025 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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  DEBRA A. GIRARD		Date 4-25-03 386-719-6736	

CR2E034 (10/02)