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)

DOCUMENT # P01000021343

1. Entity Name
SDG SERVICES, INC.

90113596

Principal Place of Business	Mailing Address
3356 W PROMONTORY DRIVE BEVERLY HILLS, FL 34465-2214	3356 W PROMONTORY DRIVE BEVERLY HILLS, FL 34465-2214

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
RR 10 BOX 943	RR 10 BOX 943
Suite, Apt. #, etc.	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 [signature] DEBRA A. GIRARD 4-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GIRARD, DEBRA A	NAME	
STREET ADDRESS	3356 W PROMONTORY DRIVE	STREET ADDRESS	RR 10 BOX 943
CITY-ST-ZIP	BEVERLY HILLS, FL 344652214	CITY-ST-ZIP	LAKE CITY FL 32025
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 [signature] DEBRA A GIRARD 4-25-03 386-719-6736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #