


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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90959 019 \*\*\*150.00

DOCUMENT # **P94000006884**

1. Entity Name  
**S&G PROPERTIES, INC**  
**DAIRY QUEEN OF LIVE OAK**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>DAIRY QUEEN</b> Suite, Apt. #, etc.		3. Mailing Address <b>817 SOUTH OHIO AVENUE</b> Suite, Apt. #, etc.	
City & State <b>LIVE OAK FL</b>		City & State <b>LIVE OAK FL</b>	
Zip <b>32064</b>	Country <b>USA</b>	Zip <b>32064</b>	Country <b>USA</b>

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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-3256544</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>ROY R GUERCIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>8350 106 PL</b> City <b>LIVE OAK FL</b> Zip Code <b>32060</b>		

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 **Suzanne Guercio** DATE **3/11/03**

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

January 1, 2003 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<b>PRESIDENT</b> <b>ROY R. GUERCIO</b> <b>8350 106 PL. LIVE OAK FL</b> <b>32060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SHIRLEY S GUERCIO</b> <b>8350 106 PL</b> <b>LIVE OAK FL 32060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V P</b> <b>SUZANNE GUERCIO</b> <b>8350 106 PL</b> <b>LIVE OAK FL 32060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **ROY R GUERCIO** **ROY R GUERCIO** **2-15-03 (386) 362-3009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)