

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90059 018 ***150.00

DOCUMENT # P95000022136

1. Entity Name
SGA ARCHITECTS, INC.

Principal Place of Business 207 SEAVIEW AVE 251A ROYAL PALM WAY SUITE 600 PALM BEACH FL 33480 US	Mailing Address 207 SEAVIEW AVE 251A ROYAL PALM WAY SUITE 600 PALM BEACH FL 33480-4315 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 251A ROYAL PALM WAY Suite, Apt. #, etc. SUITE 600 City & State PALM BEACH, FL	3. Mailing Address 251A ROYAL PALM WAY Suite, Apt. #, etc. SUITE 600 City & State PALM BEACH, FL
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4. FEI Number **65-0677798** Applied For
 Not Applicable

Zip 33480 Country PALM BEACH	Zip 33480 Country PALM BEACH
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent GOLIGER, SPENCER 207 SEAVIEW AVE PALM BCH FL 33480		7. Name and Address of New Registered Agent Name SPENCER GOLIGER Street Address (P.O. Box Number is Not Acceptable) 251A ROYAL PALM WAY SUITE 600 City PALM BEACH FL Zip Code 33480	
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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 _____ DATE _____
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GOLIGER, SPENCER 207 SEAVIEW AVE 251A ROYAL PALM WAY PALM BCH FL SUITE 600	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **5/31/00** Daytime Phone # _____