

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91241 040 ***150.00

DOCUMENT # P96000048395

1. Entity Name
SGRO ENTERPRISES, INC.

Principal Place of Business

**1915 DOVER CT
 OLDSMAR FL 34667**

Mailing Address

**1915 DOVER CT
 OLDSMAR FL 34667**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

405 VENTURA DR.

Suite, Apt. #, etc.

OLDSMAR FL.

City & State

Zip

34677-4606

Country

USA

4. FEI Number

59-3382577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SGRO, JOHN D
 1915 DOVER CT
 OLDSMAR FL 34667**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

405 VENTURA DR.

City

OLDSMAR FL.

FL

Zip Code

34677

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/02

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SGRO, JOHN D**
 CITY-ST-ZIP **1915 DOVER CT
 OLDSMAR FL 34667**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SGRO, LISA K**
 CITY-ST-ZIP **1915 DOVER CT
 OLDSMAR FL 34667**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **405 VENTURA DR.**
 CITY-ST-ZIP **OLDSMAR FL. 34677**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **405 VENTURA DR.**
 CITY-ST-ZIP **OLDSMAR FL. 34677**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

813-855-6056

Date

Daytime Phone #

CR2E034 (9/01)