

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 399230

1. Entity Name

SGAMAR, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90015 004 \*\*\*150.00

Principal Place of Business

6230-4 WEST INDIANTOWN RD.  
JUPITER FL 33458

Mailing Address

C/O KURTZ ACCOUNTING  
13205 US HWY #500  
JUNO BEACH FL 33408  
US

2. Principal Place of Business

3. Mailing Address

c/o Kenneth Gillespie, C.P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13205 US #1 Ste 502

City & State

City & State

Juno Beach, FL

Zip

Country

Zip

Country

33408

U.S.A.

4. FEI Number

59-1385783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KURTZ, JOHN W.  
13205 US HWY 1  
#500  
JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

Name Kenneth Gillespie, C.P.A.

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

13205 U.S. HWY 1

#502

City

Juno Beach,

FL

Zip Code

33408

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

Kenneth Gillespie C.P.A. Kenneth Gillespie, C.P.A.

01-07-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCHESANI, JEAN	
STREET ADDRESS	2403 N WALLEN DR	
CITY-ST-ZIP	LAKE PARK FL 33401	
TITLE	TDM	<input type="checkbox"/> Delete
NAME	MARCHESANI, JOSEPH M	
STREET ADDRESS	407 LAKEWOOD CR., #5-C	
CITY-ST-ZIP	LAKE PARK FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	33410
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	33
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

JEAN MARCHESANI

Date

Daytime Phone #

1/24/00 (561) 775-2634

CR2E034 (9/99)