

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90129 021 ***150.00

DOCUMENT # P01000115156

1. Entity Name
SGO OF JACKSONVILLE, INC.

Principal Place of Business
14557 PABLO TERRACE
JACKSONVILLE FL 32224

Mailing Address
14557 PABLO TERRACE
JACKSONVILLE FL 32224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1301-A PENMAN Road
 Suite, Apt. #, etc.

3. Mailing Address
1301-A PENMAN Road
 Suite, Apt. #, etc.

City & State
Jacksonville Beach, FL
 Zip
32250
 Country

City & State
Jacksonville Beach, FL
 Zip
32250
 Country

4. FEI Number
59-3757317
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PSTD	<input type="checkbox"/> Delete
NAME	FLORIO, KAREN E	
STREET ADDRESS	14557 PABLO TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

CR2E034 (4/02)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 **7/16/02** Daytime Phone # **904 2413553**



SGO of Jacksonville, Inc.
Southern Glass Originals
1301-A Penman Road
Jacksonville Beach, FL 32250-3685
(904) 241-3553
(FAX) 241-3358

Attachment
Document #
PO1000115156
122130

"Simply Beautiful"

July 16, 2002

Uniform Business Report
Division of Corporations
P. O. Box-1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

I incorporated my business in late December of 2001. I did not actually open my business until March 1, 2002.

I did not receive any previous notice from your department, that I had a report due on May 1, 2002. I originally set up my corporation using my home address. Since then I have changed my business address.

Please accept my fee of \$150.00 which I have enclosed. Also, please note my change of address on the completed form.

Thank you for your assistance in this matter.

Sincerely,

Karen E. Florio
President

Enclosures