

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90047 028 ***150.00

DOCUMENT # 228221

1. Entity Name

S.G.S. HOLDING, INC.

Principal Place of Business

3421 W KENNEDY
 9408 ROBERTS RD.
 TAMPA FL 33609
 US

Mailing Address

POB 153012
 9408 ROBERTS RD.
 TAMPA FL 33684
 US

2. Principal Place of Business

3. Mailing Address

138 COUNTY Rd. 69
 Suite, Apt. #, etc.

138 COUNTY Rd 69
 Suite, Apt. #, etc.

City & State

Kellyton ALA.

City & State

Kellyton ALA.

Zip

350 89 U.S.A.

Zip

350 89 U.S.A.

4. FEI Number

59-0881032

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELLERS, SAMUEL
 3421 W. KENNEDY BLVD
 TAMPA FL 33609

Name **SAMUEL SELLERS**

Street **8109 N. COOLIDGE AVE.**

City **TAMPA FL** FL Zip Code **33614**

8. The above named entity submits this statement for the purpose of changing its registered office

SIGNATURE **SAMUEL SELLERS** *Samuel Sellers* **01/29/01**
 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, 2001 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 **P** ☒ Delete
 NAME **SELLERS, SAMUEL**
 STREET ADDRESS **PO BOX 153012**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **SELLERS, SAMUEL**
 STREET ADDRESS **138 COUNTY Rd 69**
 CITY-ST-ZIP **Kellyton ALA. 35089**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Samuel Sellers* **SAMUEL SELLERS** **01/29/01** **329-2853**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)