

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90611 042 ***150.00

US15434 AV

DOCUMENT # 651484

1. Entity Name
S. & P. GENERAL CORP.



Principal Place of Business
P.O. BOX 5403
FT. LAUDERDALE FL 33310-5403

Mailing Address
P.O. BOX 5403
FT. LAUDERDALE FL 33310-5403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1958104

Applied For
 Not Applicable

Zip Country

Zip Country

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

LEVAN, ALAN B
1750 E. SUNRISE BLVD.
THIRD FLOOR
FT. LAUDERDALE FL 33310

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.

SIGNATURE _____
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PD LEVAN, ALAN B. STREET ADDRESS 1750 E. SUNRISE BLVD. THIRD FLOOR CITY-ST-ZIP FORT LAUDERDALE FL 33304	<input type="checkbox"/>	NAME	<input type="checkbox"/>
NAME VTS GILBERT, GLEN R. STREET ADDRESS 1750 E. SUNRISE BLVD. THIRD FLOOR CITY-ST-ZIP FORT LAUDERDALE FL 33304	<input type="checkbox"/>	NAME	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>

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
GLEN R. GILBERT
 Vice President

4/23/2002

Date

Daytime Phone #

CR2E034 (9/01)