

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 845952

1. Entity Name

SGB CONSTRUCTION SERVICES, INC.

Principal Place of Business

14942 TALCOTT
HOUSTON TX 77015

Mailing Address

14942 TALCOTT
HOUSTON TX 77015-6509

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

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, 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	DC	<input type="checkbox"/> Delete
NAME	BARRETT, JOHN	
STREET ADDRESS	23 WILLOW LN.	
CITY-ST-ZIP	MITCHAM SU	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BUTTERFIELD, PETER	
STREET ADDRESS	14942 TALCOTT	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	PURKIS, WILLIAM	
STREET ADDRESS	14942 TALCOTT ST	
CITY-ST-ZIP	HOUSTON TX 77015	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, WADE O	
STREET ADDRESS	14942 TALCOTT	
CITY-ST-ZIP	HOUSTON TX	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	NIXON, GEORGE	
STREET ADDRESS	14942 TALCOTT	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCQUESTON, GEORGE	
STREET ADDRESS	14942 TALCOTT	
CITY-ST-ZIP	HOUSTON TX	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W.R. Purkis	
STREET ADDRESS	14942 Talcott St	
CITY-ST-ZIP	Houston, TX 77015	
TITLE	V.P. of Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clarice Motter	
STREET ADDRESS	14942 Talcott St	
CITY-ST-ZIP	Houston, TX 77015	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90189 045 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3068391** ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)