

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90162 043 ***150.00

DOCUMENT # F00000007133

1. Entity Name -

SGI Holdings, Inc.



DO NOT WRITE IN THIS SPACE

10054707

2. Principal Place of Business

305 Marlborough St

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1139

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Linwood, PA

4. FEI Number

23-2977225

Applied For

Not Applicable

Zip

34677

Country

US

Zip

19061

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Doyle, Colette

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

305 Marlborough Street

City

Oldsmar, FL

FL

Zip Code

34677

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

Colette F. Doyle

Colette F. Doyle VP

3/03/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

P

Morrisette, Colleen G

305 Marlborough St

Oldsmar FL 34677

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

V

Doyle, Colette F

305 Marlborough St

Oldsmar, FL 34677

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

STD

Morrison, Stephen H

4000 Columbia Ave

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

Linwood, PA

CD

Justi, Henry M

4000 Columbia Ave

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

Linwood, PA

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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CITY - ST - ZIP**

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Colette F. Doyle

Colette Doyle

3/3/03

813-855-5779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)