

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000785

1. Entity Name

SGA PRODUCTION STAGING, INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90146 032 \*\*\*150.00

0068418

Principal Place of Business

3315 MAGGIE BLVD  
SUITE 100  
ORLANDO FL 32811  
US

Mailing Address

3315 MAGGIE BLVD  
SUITE 100  
ORLANDO FL 32811  
US

2. Principal Place of Business

2900 TITAN ROW  
Suite, Apt. #, etc.  
SUITE 120

3. Mailing Address

2900 TITAN ROW  
Suite, Apt. #, etc.  
SUITE 120

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32809

Country

US

Zip

32809

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

38-2627333

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

~~MEADOWS, GUY~~

~~4107 34TH ST.~~

~~ORLANDO FL 32811~~

Name

JOHN POLLEY

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

2330 GUNN RD.

City

KISSIMMEE

FL

Zip Code

34746

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.

JOHN POLLEY

(NOTE: Registered Agent signature required when reinstating)

2/22/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
REED, MARK E  
4455 GREEN ROAD  
LYONS MI ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
REED, GAYLE E  
4455 GREEN ROAD  
LYONS MI ☐ Delete

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

TITLE  
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☐ Delete

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

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

MARK REED

Date

1/22/01

Daytime Phone #

(517) 323-0000

CR2E034 (10/00)