

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-25-2002 90038 036 ***150.00

DOCUMENT # F94000002206

1. Entity Name

SIGMA CONSULTING GROUP, INC.

Principal Place of Business

10305 AIRLINE HWY
 BATON ROUGE LA 70816

Mailing Address

10305 AIRLINE HWY
 BATON ROUGE LA 70816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-1105441

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

GAULT, MAURICE ALLEN JR.
2402 BRIDHAM AVE
ORLANDO FL 32829

Name

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

City

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

Michael N. Dooley **Michael N. Dooley, Vice President** **3-11-02**

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when registering)

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **BRASUELL, STEPHEN J**
 CITY-ST-ZIP **87 RUE DUS
 MADISONVILLE LA 70447**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **DOOLEY, MICHAEL N**
 CITY-ST-ZIP **3711 VALENTINE RD
 BATON ROUGE LA 70816**

TITLE ☒ Change ☐ Addition
 NAME **vice President**
 STREET ADDRESS **DOOLEY, MICHAEL N**
 CITY-ST-ZIP **7311 Spinnaker Court
 Navarre Beach, FL 32566**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **WILLIAMS, MILES B.**
 CITY-ST-ZIP **10711 THISTLEWOOD
 BATON ROUGE LA 70810**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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 **SIGNATURE REQUIRED**

1/28/02 225-292-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E004 (9/01)