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FILED
Aug 17, 2000 8:00 am
Secretary of State
05-10-2000 90073 027 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002751

1. Entity Name
THE SIGMA GROUP OF AMERICA, INC.

[redacted]

107576

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1 MAIN STREET STONINGTON CT 06378 US	P.O. BOX 2530 JUPITER FL 33468-2530 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	* C/O LIEBGOLD, WUENSCH & ASSOC Suite, Apt. #, etc. 411 HACKENSACK AVE, 6TH FL
City & State	City & State HACKENSACK, NJ
Zip / Country	Zip 07601 / Country USA

4. FEI Number 06-1356724 ☐ 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
WATSON, H.M. JR 6580 SE HARBOR CIRCLE STUART FL 34996	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 H.M. Watson 4/20/00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIND, PENELOPE 1 MIN STREET STONINGTON CT 06378	☐ Delete	D LIND, PENELOPE 1 MAIN STREET STONINGTON CT 06378	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WATSON, MITCHELL P.O. BOX 2409 TREASUREWOOD RD. CASHIERS NC 28717	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD LIND, DOUGLASS 1 MAIN STREET STONINGTON CT 06378	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Mitchell Watson President 8/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APR-18-00 TUE 04:41 PM P.02