# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 06, 2001 8:00 am**
**Secretary of State**
04-06-2001 90051 028 ***158.75

0323339

DOCUMENT # J35979

1. Entity Name
SJG DISTRIBUTION CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 7231 SOUTHERN BLVD.<br>APT. C-7<br>WEST PALM BCH. FL 33413<br>US | P O BOX 1227<br>LOXAHATCHEE FL 33470-6227 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7231 Southern Blvd. | |
| Suite, Apt. #, etc.<br>C-4 | Suite, Apt. #, etc. |
| City & State<br>West Palm Beach, Fl 33413 | City & State |
| Zip<br>33413 / Country<br>Palm Beach | Zip / Country |

4. FEI Number 59-2721515 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GROVES, SUMMER J.<br>14831 DRAFTHORSE LANE<br>WEST PALM BEACH FL 33414 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Summer J. Groves Summer J. Groves 4-4-01
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, 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 | VPST<br>GROVES, SUMMER J<br>14831 DRAFTHORSE LANE<br>WEST PALM BEACH FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GROVES, SUMMER J.<br>14831 DRAFTHORSE LANE<br>WEST PALM BEACH FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (10/00)

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:** Summer J. Groves Summer J. Groves 4-4-01 561-686-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #