2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 1

Mar 22, 2002 8:00 am Secretary of State J50166 DOCUMENT # 1. Entity Name 03-22-2002 90027 031 ***150.00 SG EQUITIES, INC. Principal Place of Business Mailing Address 4104 20TH ST. WEST 4104 20TH ST. WEST **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2772372 Not Applicable Zip Zip Country **\$8.75** Additional — 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDMAN, STANLEY Street Address (P.O. Box Number is Not Acceptable) 4104 20TH ST. WEST **BRADENTON FL 34205** Zio Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete President Change TITLE NAME GOLDMAN, STANLEY NAME 4511 BAYSHORE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete TITLE Director, Sec/Tre. Change Addition TITLE Hillory Skele 5829 Riegels Harbor Road NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34242 ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

FILED