

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015983

1. Entity Name

SGA, LLC

Principal Place of Business

Mailing Address

4303 W. KENNEDY BLVD.
TAMPA, FL 33609

FILED

01 JUN 22 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33609

Hillsborough

4. FEI Number

59-3688463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIER S. GRIEVES "MGRM"
4303 W. KENNEDY BLVD.
TAMPA, FL 33609

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MICHAEL J. SCOTT
1113 S. DUNBAR
TAMPA, FL 33629 "MGRM"

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004452342-9
-06/29/01--01097--002
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TIM ASHMAN
500 WILDER RD.
VIRGINIA BEACH, VA 23451 "MGRM"

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004452342-9
-06/29/01--01097--002
*****50.00 *****50.00

TITLE
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/01 813-281-2600

CR2E083 (11/00)