

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 23, 2001 8:00 am
Secretary of State

04-19-2001 90316 007 ***150.00

DOCUMENT # L11010

1. Entity Name

S-GROUP PROPERTIES, INC.

Principal Place of Business

2115 SE HWY 70
 ARCADIA FL 34266
 US

Mailing Address

2115 SE HWY 70
 ARCADIA FL 34266
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

701 MYRTLEWOOD LANE

City & State

City & State

KEY BISCAYNE FL

4. FEI Number **65-0145366**

Applied For

Not Applicable

Zip

Country

Zip

Country

33149

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

STEVENS, BETTIE JUDD

2115 SE HWY 70
 ARCADIA FL 34266

Name

ALBERT J STEVENS

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

701 MYRTLEWOOD LANE

City

KEY BISCAYNE

FL

Zip Code

33149

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

Albert J Stevens

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-2001

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

TITLE **D**
 NAME **STEVENS, BETTIE JUDD** ☒ Delete
 STREET ADDRESS **2683 NW STEVENS ST**
 CITY-ST-ZIP **ARCADIA FL**

TITLE **D**
 NAME **STEVENS, THOMAS RICHARD** ☐ Delete
 STREET ADDRESS **2673 NW STEVENS ST**
 CITY-ST-ZIP **ARCADIA FL**

TITLE **D**
 NAME **STEVENS, ALBERT J.** ☐ Delete
 STREET ADDRESS **2683 NW STEVENS ST**
 CITY-ST-ZIP **ARCADIA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Remove**

TITLE ☒ Change ☐ Addition
 NAME **STEVENS Thomas Richard**
 STREET ADDRESS **2115 SE HWY 70**
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☒ Change ☐ Addition
 NAME **STEVENS ALBERT J**
 STREET ADDRESS **701 MYRTLEWOOD LANE**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(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:

Albert J Stevens
ALBERT J. STEVENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2001 x 305-361-7393

Date

Daytime Phone #

CR2E034 (10/00)