

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90159 032 ***150.00

DOCUMENT # P00000035302

1. Entity Name
S & G MORTGAGE INVESTMENTS, INC.



Principal Place of Business
**3410 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935**

Mailing Address
**3410 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935**



2. Principal Place of Business

3. Mailing Address

3410 NORTH HARBOR CITY BLVD **3410 NORTH HARBOR CITY BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MELBOURNE FL 32935 **MELBOURNE FL 32935**

City & State

City & State

MELBOURNE FL

MELBOURNE FL

Zip

Country

Zip

Country

32935

MELBOURNE

32935

MELBOURNE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3650562**

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

FARINELLA, GUS
3410 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935

Name **GUS FARINELLA**

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

3410 NORTH HARBOR CITY BLVD

City **MELBOURNE**

FL **32935**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gus Farinella**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/26/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$580.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FARINELLA, GUS**
STREET ADDRESS **3410 NORTH HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gus Farinella**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03 321-7511555

Date

Daytime Phone #

CR2E034 (10/02)