2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State
02-15-2002 90005 050 ***150.00

DOCUMENT # P00000081261

1. Entity Name
SGN INDUSTRIES, INC.

Principal Place of Business	Mailing Address
ONE FINANCIAL PLAZA STE 1600 FT LAUDERDALE FL 33394	ONE FINANCIAL PLAZA STE 1600 FT LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
134 NE 1ST AVE	134 NE 1ST AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HALLANDALE FL.	City & State: HALLANDALE, FL.
Zip: 33009 Country: BROWARD	Zip: 33009 Country: BROWARD

4. FEI Number 65-1039143 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOYLE, BERNARD T
ONE FINANCIAL PLAZA STE 1600
FT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name: DARVIN E. EVANS
Street Address (P.O. Box Number is Not Acceptable): 3908 NE 22 AVE #8N
City: FT. LAUDERDALE FL Zip Code: 33308

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 D. Erik Evans D. ERIK EVANS 1/19/02
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, 2002 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	D EVANS, DARVIN E 3908 NE 22 AVE #8N FT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: D. Erik Evans D. ERIK EVANS 1/19/02 954 455 3099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)