## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 12, 2002 8:00 am secretary of State P01000034421 DOCUMENT # 1. Entity Name SGQ MANAGEMENT, INC. 05-12-2002 90564 022 \*\*\*150.00 Principal Place of Business Mailing Address 860 PANAMA COURT #202 860 PANAMA COURT #202 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59~37/2674 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAUDELIN, EUGENE R JR Street Address (P.O. Box Number is Not Acceptable) 860 PANAMA COURT #202 MARCO ISLAND FL 34145 City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ۱11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE. ☐ Delete TITLE Change Addition :NAME DAUDELIN, EUGENE R JR NAME STREET ADDRESS 860 PANAMA COURT #202 STREET ADDRESS CITY-ST-7IP MARCO ISLAND FL 34145 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DAUDELIN, SUSANNE J NAME STREET ADDRESS 860 PANAMA COURT #202 STREET ADDRESS CITY - ST - ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**FILED**