# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 27, 2002 8:00 am**
**Secretary of State**
05-27-2002 90434 019 ***150.00

DOCUMENT # P01000088138 ✓

1. Entity Name
S & G Properties of Macclenny, Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 445 E. Macclenny Ave | 445 E. Macclenny Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Macclenny, FL | City & State: Macclenny, FL |
| Zip: 32063 Country: BAKER | Zip: 32063 Country: BAKER |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3745647 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: FRANK E. MALONEY JR.
Street Address (P.O. Box Number is Not Acceptable): 445 E. Macclenny Ave
City: Macclenny **FL** Zip Code: 32063

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | President |
| NAME | Judith Gallups |
| STREET ADDRESS | 15150 CR 124 |
| CITY-ST-ZIP | Sanderson, FL 32087 |
| TITLE | Vice-President |
| NAME | Tina Smith |
| STREET ADDRESS | P O Box 82 |
| CITY-ST-ZIP | Macclenny, FL 32063 |
| TITLE | Secretary |
| NAME | Jimmy D. Gallups |
| STREET ADDRESS | 15150 CR 124 |
| CITY-ST-ZIP | Sanderson, FL 32087 |
| TITLE | Treasurer |
| NAME | Wallace Smith |
| STREET ADDRESS | P O Box 82 |
| CITY-ST-ZIP | Macclenny, FL 32063 |
| TITLE | |
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Judith A Gallups
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #