

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2003 8:00 am
Secretary of State

4/2

04-28-2003 90971 040 ***150.00

DOCUMENT # P02000003312

1. Entity Name
SDG KINGS, INC.



Principal Place of Business
**298 S.W. PANTHER TRACE
PORT ST. LUCIE FL 34953**

Mailing Address
**298 S.W. PANTHER TRACE
PORT ST. LUCIE FL 34953**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FFL Number
0-00310646

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FAIRCLOUGH, MICHAEL J
11380 PROSPERITY FARMS RD., STE. 112
PALM BEACH GARDENS FL 33410**

7. Name and Address of Now Registered Agent

Name **Steve Perry**

Street Address (P.O. Box Number is Not Applicable)
2400 SE Federal Hwy 4th Fl.

City **Atlantic** FL Zip Code **32994**

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 **SM** DATE **5.20.03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	SOVEREL, BRETT	
STREET ADDRESS	298 S.W. PANTHER TRACE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.V.R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOVEREL, BRETT	
STREET ADDRESS	298 SW Panther Trace	
CITY-ST-ZIP		
TITLE	ST.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kummer, Lett	
STREET ADDRESS	298 SW Panther Trace	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/23/03** Daytona Phone #

CR2E034 (10/02)