

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-05-2003 91783 032 ***150.00

DOCUMENT # P02000070007

1. Entity Name
SDBG ENTERPRISES, INC.



Principal Place of Business
**3001 N. ROCKY POINT DRIVE EAST
SUITE #200
TAMPA FL 33607**

Mailing Address
**3001 N. ROCKY POINT DRIVE EAST
SUITE #200
TAMPA FL 33607**

55046168



2. Principal Place of Business

5401 W. Kennedy Blvd
Suite, Apt. #, etc.
731

3. Mailing Address

5401 W. Kennedy Blvd
Suite, Apt. #, etc.
731

☒ CHECK HERE IF MAKING CHANGES

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

06-1638879

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUENTHER, SCOTT
3001 N. ROCKY POINT DRIVE EAST
SUITE #200
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **Scott Guenther**
Street Address (P.O. Box Number is Not Acceptable)
5401 W. Kennedy Blvd, # 731
City **Tampa** FL Zip Code **33609**

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

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03

DATE

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 **President** ☐ Delete
NAME **Scott Guenther**
STREET ADDRESS **2902 Bayshore Vista Drive**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Dale Guenther**
STREET ADDRESS **2902 Bayshore Vista Dr**
CITY-ST-ZIP **Tampa, FL 336**

TITLE **President** ☐ Change ☒ Addition
NAME **Scott Guenther**
STREET ADDRESS **2902 Bayshore Vista Drive**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE ☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 (813) 281-5892
Date Daytime Phone #

CR2E034 (10/02)