


FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90047 011 ***150.00

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

DOCUMENT # P02000075898			
1. Entity Name SABALO INVESTMENT GROUP, INC.			
Principal Place of Business 100 PIERCE ST., UNIT 1106 CLEARWATER, FL 33756		Mailing Address 100 PIERCE ST., UNIT 1106 CLEARWATER, FL 33756	
2. Principal Place of Business 5041 South Shore State, Apt. #, etc.		3. Mailing Address PO Box 1951 State, Apt. #, etc.	
City & State Newport Richey FL		City & State Jackson Springs FL	
4. FEI Number 57-0415311		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name: Art Georgiou Street Address (P.O. Box Number is Not Acceptable): 5041 South Shore Dr Newport Richey FL 34652 City: FL Zip Code	
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: Art Georgiou [Signature] DATE: 4/26/03 <small>(NOTE: Registered Agent's signature required when necessary)</small>			
FILE NOW WITH FEES \$160.00 After May 1, 2003, Fee will be \$200.00 Check Payment to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BONBRISCO, DIANE 100 PIERCE ST., UNIT 1106 CLEARWATER, FL 33766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GEORGIU, ART 100 PIERCE ST., UNIT 1106 CLEARWATER, FL 33766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] DATE: 4/26/03		727 686 5967	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Name	

90133491



CHECK HERE IF MAKING CHANGES

CFR6034 (10/02)