

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90091 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **793000052149** ✓
1. Entity Name
S.G.F.S., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3513 SE 26 Street		3. Mailing Address 3513 SE 26 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Okeechobee, FL		City & State Okeechobee, FL	
Zip 34974	Country	Zip 34974	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0423245	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	
Street Address (P.O. Box Number is Not Acceptable)	
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.

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

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 NAME STREET ADDRESS CITY- ST- ZIP	PD Ford, Charles 3513 SE 26 Street Okeechobee, FL 34974	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 employed to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

(863) 763-1898

CR2E034B (12/01)