2002 Uniform Business Report (UBR)

Mar 31, 2002 8:00 am § P93000071865 DOCUMENT # **Secretary of State** 1. Entity Name 03-31-2002 90368 038 ***150.00 S.G.M. INVESTMENTS, INC. Principal Place of Business Mailing Address 938 BUCCANEER DRIVE 938 BUCCANEER DRIVE LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3212382 Not Applicable Country \$8.75 Additional Zip Country Zip Certificate of Status Desired. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WAITE, GLENN E Street Address (P.O. Box Number is Not Acceptable) 938 BUCCANEER DR LAKELAND FL 33801 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) "FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ħ2. 11. ☐ Addition Change ☐ Delete TITLE **PVST** TITLE waite, glenn e NAME STREET ADDRESS 938 BUCCANEER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland Fl. Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if

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SIGNATURE: