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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DOCUMENT # P94000021391			
1. Entity Name <b>S.G.N.B., INC.</b>			
Principal Place of Business 1507 SPRING LAKE DRIVE ORLANDO, FL 32804		Mailing Address 250 N ORANGE AVE SUITE 1500 ORLANDO, FL 32801 US	
2. Principal Place of Business <b>100 Golden Bay Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>3054 PIGNATELLI CRES</b> Suite, Apt. #, etc.	
City & State <b>OAK HILL FL</b>		City & State <b>MT PLEASANT SC</b>	
Zip <b>32759</b>		Zip <b>29466</b>	
Country		Country	
4. FEI Number <b>59-3229732</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>REED, JAMES W 1660 N ORANGE AVE STE 600 WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>James W Reed</u> DATE <u>3/4/03</u> <small>Signature must be printed name of registered agent and date if applicable. (MORE Registered Agents' signatures required when appointing)</small>			
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DAY, JOHN H 1607 SPRING LAKE DRIVE ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>00001303801</b> <b>03/07/03--01011--007</b> * <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS REED, JAMES W 3054 PIGNATELLI CRESCENT MT PLEASANT, SC 29466 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REED, JAMES W 3054 PIGNATELLI CRESCENT MT PLEASANT, SC 29466 <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	VP SUSAN B. DAY 1507 Spring Lake Drive ORLANDO, FL 32804 <input type="checkbox"/> Change <input checked="" 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
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)(f), 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: <u>James W Reed</u> <b>JAMES W. REED</b>		DATE: <u>3/4/03</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

CREATED BY \* 50.00

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