

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90136 050 \*\*\*150.00

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**DOCUMENT # P94000093017**

1. Entity Name  
**SGS CONSULTING, INC.**



Principal Place of Business  
**1930 ARROWHEAD DR. NE  
ST. PETERSBURG FL 33703**

Mailing Address  
**1930 ARROWHEAD DR. NE  
ST. PETERSBURG FL 33703**

2. Principal Place of Business

**7622 9th Ave N**

3. Mailing Address

**7622 9th Ave N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**ST. PETERSBURG FL**

City & State  
**ST PETERSBURG, FL**

4. FEI Number  
**59-3287783**

Applied For  
Not Applicable

Zip  
**33710**

Country  
**FLORIDA**

Zip  
**33710**

Country  
**FLORIDA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKERSON, MICHAEL D**

**1930 ARROWHEAD DR. NE 7622 9th Ave N  
ST. PETERSBURG FL 33703**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DICKERSON, MICHAEL**  
CITY-ST-ZIP **1930 ARROWHEAD DR. NE 7622 9th Ave N  
ST. PETERSBURG FL 33703**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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:

**MICHAEL D. DICKERSON** 306-03 7274213279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #

90140634

P94000093017

**SGS Consulting, Inc**

Phone 727 421-3279 (v), 727 345-0956 (fax)

7622 9<sup>th</sup> Avenue North

St. Petersburg, FL 33710

June 30, 2003

Florida Department of State  
Division of corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Subject: Request for Wavier

Request the \$400.00 late fee be waved due to non-receipt of the 2003 Uniform Business Report prior to the required filing date. The UBR form was not forwarded to the new business address listed above in a timely manner. Since the incorporation of SGS, the UBR has been completed on a timely and accurate basis. There has not and will never be any intent to ignore timely filings. Change of adder is included in the 2003 UBR.

Respectfully,

  
Michael D. Dickerson  
President