2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000010480** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** S G & SONS INC. 01-20-2000 90091 043 ***150.00 Principal Place of Business Mailing Address 177 US ONE 150 US ONE #278 TEQUESTA FL 33469 TEQUESTA FL 33469-2737 2: Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0553160 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUINAN, STEVE** Street Address (P.O. Box Number is Not Acceptable) 177 U.S. ONE **SUITE 278 TEQUESTA FL 33469** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE **GUINAN, STEVE** NAME NAME 16783 96TH TERR. NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP ☐ Addition . Change TITLE ☐ Delete TITLE **GUINAN, GAIL-MARIE** NAME STREET ADDRESS STREET ADDRESS 16783 96TH TERR, NORTH JUPITER FL 33478 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITI F TITLE GUINAN, BRIAN NAME STREET ADDRESS 16783 96TH TERR. NORTH STREET ADDRESS JUPITER FL 33478 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE **GUINAN. STEPHEN J** NAME NAME 16783 96TH TERR. NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

561-746-1400

Daytime Phone #