

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90059 018 \*\*\*150.00

**DOCUMENT # P95000022136**

1. Entity Name  
**SGA ARCHITECTS, INC.**

Principal Place of Business <del>207 SEAVIEW AVE</del> <b>251A ROYAL PALM WAY</b> <b>SUITE 600</b> <b>PALM BEACH FL 33480</b> <b>US</b>	Mailing Address <del>207 SEAVIEW AVE</del> <b>251A ROYAL PALM WAY</b> <b>SUITE 600</b> <b>PALM BEACH FL 33480-4315</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>251A ROYAL PALM WAY</b> Suite, Apt. #, etc. <b>SUITE 600</b> City & State <b>PALM BEACH, FL</b>	3. Mailing Address <b>251A ROYAL PALM WAY</b> Suite, Apt. #, etc. <b>SUITE 600</b> City & State <b>PALM BEACH, FL</b>
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4. FEI Number **65-0677798** Applied For  
 Not Applicable

Zip <b>33480</b> Country <b>PALM BEACH</b>	Zip <b>33480</b> Country <b>PALM BEACH</b>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>GOLIGER, SPENCER</b> <b>207 SEAVIEW AVE</b> <b>PALM BCH FL 33480</b>		7. Name and Address of New Registered Agent Name <b>SPENCER GOLIGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>251A ROYAL PALM WAY</b> <b>SUITE 600</b> City <b>PALM BEACH</b> <b>FL</b> Zip Code <b>33480</b>	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>GOLIGER, SPENCER</b> <del>207 SEAVIEW AVE</del> <b>251A ROYAL PALM WAY</b> <b>PALM BCH FL</b> <b>SUITE 600</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Spencer Goliger* *5/31/00*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #