

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90044 039 ***150.00

DOCUMENT # P95000023834

1. Entity Name

S.D.G. & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

19580 DINNER KEY RD.
 BOCA RATON FL 33498
 US

19580 DINNER KEY DR
 BOCA RATON FL 33498-4536
 US

2. Principal Place of Business

3. Mailing Address

7100 39 FAIRWAY DRIVE

7100 39 FAIRWAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB#304

City & State

City & State

PALM BEACH GARDENS, FL

PALM BEACH GARDENS, FL

Zip

Country

Zip

Country

33418

US

33418

US

4. FEI Number **65-0572188**

Applied For

Not Applicable

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

GORDON, STEVEN D
19580 DINNER KEY DR.
BOCA RATON FL 33498

Name

Street Address (P.O. Box Number is Not Acceptable)

7100-39 FAIRWAY DRIVE

P.M.B# 304

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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 Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **D** ☐ Delete
 NAME **GORDON, STEVEN D**
 STREET ADDRESS **19580 DINNER KEY DR.**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☒ Delete
 NAME **PMB# 304**
 STREET ADDRESS **7100-39 FAIRWAY DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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TITLE ☐ Change ☐ Delete
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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2000

Date

(561) 212-1123

Daytime Phone #