

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90100 001 ***600.00

DOCUMENT # P95000028580

1. Entity Name

SDI WEALTH INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9799 Old St. Augustine Road

3. Mailing Address

9799 Old St. Augustine Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number

59-3354094

Applied For

Not Applicable

Zip
32257

Country
US

Zip
32257

Country
US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MOTOLAW, Inc.

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

Suite
2500

City
Jacksonville

FL

Zip Code
32202

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
D/CEO/Sec/Treas
NAME
DAVID A. REECHER
STREET ADDRESS
9799 Old St. Augustine Road
CITY-ST-ZIP
Jacksonville, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VP
NAME
Ron Legrand
STREET ADDRESS
9799 Old St. Augustine Road
CITY-ST-ZIP
Jacksonville, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
P/General Manager
NAME
George Brady
STREET ADDRESS
9799 Old St. Augustine Road
CITY-ST-ZIP
Jacksonville, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02

904-886-2985

Date

Daytime Phone #

CR2E034B (12/01)