

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011096

1. Entity Name

THE SG VENTURES COMPANY

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90055 019 ***150.00

Principal Place of Business

Mailing Address

36468 EMERALD COAST PKWY
SUITE 1201
DESTIN FL 32541
US

36468 EMERALD COAST PKWY
SUITE 1201
DESTIN FL 32541-3723
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3364493

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KRAEMER, MARY K
727 HIGHWAY 98 EAST
DESTIN FL 32541

Name

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

36474 Emerald Coast Pkwy
Suite 4101

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.

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS GWIN, CURTIS H
CITY-ST-ZIP 36468 EMERALD COAST PKWY, SUITE 1201
DESTIN FL 32541

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SHOULTS, HOWARD RAY
CITY-ST-ZIP 36468 EMERALD COAST PKWY, SUITE 1201
DESTIN FL 32541

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like being empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

Date

850-837-0392

Daytime Phone #

CR2E034 (9/99)