2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

36468 EMERALD COAST PKWY

P96000011096 **DOCUMENT #**

1. Entity Name

Principal Place of Business

36468 EMERALD COAST PKWY

THE SG VENTURES COMPANY



FILED



DESTIN FL 32541 US 2. Principal Place of Business			DESTIN FL 32541 US 3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
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				Name and Address of New Registered Agent	
GWIN, CURTIS H 36474 EMERALD COAST PKWY SUITE 1201						Street Address (P.O. Box Number is Not Acceptable)		
DESTIN FL	. 32541			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS					11.	Αľ	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWIN, CU 36468 EM DESTIN FI	RTIS H ERALD COAST PKWY,		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHOULTS, HOWARD RAY 36468 EMERALD COAST PKWY, SUITE 1201 DESTIN FL 32541				TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1). 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 repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, so on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #