

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90063 040 ***150.00

DOCUMENT #
1. Entity Name SDG Homes Inc
796000023373

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>298 SW Panther Trace</u>		3. Mailing Address <u>298 SW Panther Trace</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Pont St Lucie Florida</u>		City & State <u>Pont St Lucie Florida</u>	
Zip <u>34953</u>	Country <u>USA</u>	Zip <u>34953</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-068605</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>Steven L Perry</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>2900 South Federal Hwy</u>			
Fourth Floor			
City <u>Stuart</u>			FL Zip Code <u>34994</u>

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Bret Sovarel</u> <u>298 SW Panther Trace</u> <u>Fort St Lucie Fla 34953</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Bret Sovarel</u> <u>298 SW Panther Trace</u> <u>Pont St Lucie, Fla 34953</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Bret Sovarel</u> <u>298 SW Panther Trace</u> <u>Pont St Lucie Fla 34953</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Bret Sovarel</u> <u>298 SW Panther Trace</u> <u>Pont St Lucie Fla 34953</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bret Sovarel President

Date

Daytime Phone #

4/30/02 561-874-1080

CR2E034B (12/01)