

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90051 030 ***150.00

DOCUMENT # P96000040613

1. Entity Name
SIGUELO ENTERPRISES, INC.



Principal Place of Business
**3535 SE MARICAMP RD
1001
OCALA FL 34471**

Mailing Address
**3535 SE MARICAMP RD
1001
OCALA FL 34471**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3389818**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, JOSEPH D
3535 SE MARICAMP RD
OCALA FL 34471**

Name

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

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BROWN, JOSEPH D
3535 SE MARICAMP RD
OCALA FL 34471** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BROWN, JOSEPH D
3535 SE MARICAMP RD.
OCALA FL 34471** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRE
President

9/3/03 352-732-7114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Attachment

80146721
#P96080040613

SIGUELO ENTERPRISES, INC.

September 3, 2003

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: Waiver of Fee

To Whom It May Concern:


This letter is to inform your Department that the imposed fee of \$400.00 for the penalty of not filing prior to May 1st should be waived.

The report we have received states "File Now - Due by September 10th, 2003." If we should have paid prior to such date, we should have received notice to do so.

Enclosed is the fee of \$150.00. We attempted to call but got recordings that everything is now automated due to budget cuts. We are asking the fee to be waived because of the information in the "Frequently asked Questions" in the back of the 2003 Uniform Business Report.

Thank you for your attention in this matter.

Sincerely,

 **PRESIDENT**

Joe Brown, President
SIGUELO ENTERPRISES, INC.

3535 Southeast 36th Avenue
Ocala, FL 34471
Office: 352-732-7114