

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085821

1. Entity Name

S G CONSULTING SERVICES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90040 043 ***150.00

Principal Place of Business

3806 NORTH OAK DRIVE V-22
TAMPA FL 33611

Mailing Address

C/O WALTER SANDERS
13910 NORTH DALE MABRY, SUITE 1
TAMPA FL 33618-2440
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

3355 BEARSS Ave

City & State

Zip

Country

City & State

Zip

Country

TAMPA, FLORIDA

33618

4. FEI Number

59-3405339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, WALTER
13910 NORTH DALE MABRY HWY
SUITE ONE
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name WALTER SANDERS

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

3355 BEARSS Ave

City TAMPA

FL

Zip Code 33618

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 Walter Sanders Walter Sanders

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/08/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GEAREN, SHIRLEY S	
STREET ADDRESS	3806 NORTH OAK DRIVE V-22	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEAREN, THOMAS T	
STREET ADDRESS	3806 NORTH OAK DRIVE V-22	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Shirley Gearen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY GEAREN

4/14/00

Date

813-837-0965

Daytime Phone #

CR2E034 (9/99)