## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P97000100057

1. Entity Name

**DOCUMENT #** 



**FILED** Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90147 034 \*\*\*150.00

SAUVAGEAU INVESTMENT GROUP INC.							01 27 2003 301 17 03	1 150		
Principal Place 2035 HARRISC HOLLYWOOD		2035	Mailing Address 2035 HARRISON STREET HOLLYWOOD FL 33020				-   			
2. Principal P	Place of Business	<b>3.</b> Ma	3. Mailing Address							
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES			
City & Stat	е	City	City & State				4. FEI Number 65-0798095		oplied For ot Applicable	
Zip	Country		Zip Coun		atry		5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					25.0	•	7. Name and Address of New Registered Ag	gent		
					Name					
LEDUC, PEJEAN 1001 N. FEDERAL HWY					Street Address (P.O. Box Number is Not Acceptable)					
STE 205						•				
HOLLYWO	OOD FL 33020				City		FL	Zip Cod	e	
	named entity submits this statem ions of registered agent.	ent for the purp	oose of changing it	s register	ed office or re	gistered	d agent, or both, in the State of Florida. I am fa	miliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered	agent and title if app	olicable. (NO	TE: Registere	d Agent signature r	equired w	then 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					9.		9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
10.	OFFICERS	AND DIRECTO	PRS	11.			ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 11	
TITLE	Р		☐ Delete	TITL	E			Change	Addition	
NAME	SAUVAGEAU, ERIC			NAM	E					
STREET ADDRESS	15, WILLIAM			STRE	ET ADDRESS					
CITY-ST-ZIP	CHAMPLAIN QU GOX 1			CITY	-ST-ZIP					
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NAME Street Address				NAMI STRE	ET ADDRESS				{	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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954-922-7017