

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000035279** ✓

1. Entity Name

SG McSupport Services Inc.**FILED**
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90102 036 ***150.00

Principal Place of Business

Mailing Address

1447 Palm Lane
Jacksonville FL 32216**(same)****A0051365**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1447 Palm Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number

593516774

Applied For

Not Applicable

Zip

32216

Country

Duval

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Sonia G. McFarlin
1447 Palm Lane
Jacksonville FL 32216

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.

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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
PVST Sonia G. McFarlin 1447 Palm Lane Jacksonville FL 32216	☐		☐
	☐		☐
	☐		☐
	☐		☐
	☐		☐
	☐		☐

CR2E034 (11/00)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sonia G McFarlin **4-10-01** **(904) 723-3366**