2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000035279

SIGNATURE:

SGM SUPPORT SERVICES INC.



FILED May 02, 2003 8:00 a Secretary of State

Daytime Phone #

05-02-2003 90129 019 ***150.00

am	

Principal Place of Business 9337 TRAMORE GLEN CRT JACKSONVILLE FL 32256		Mailing Address 9337 TRAMORE GLEN CRT JACKSONVILLE FL 32256								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						10010 (8) 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FE	59-3516774		⊢	oplied For	
Zip Country Zip		Zip	Zip Country		5. Ce	ertificate of Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
					Name					
MCFARLIN, SONIA G 9337 TRAMORE GLEN CRT				Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32256										
				City			FL	Zip Cod		
8. The above the obligat	named entity tions of regist	y submits this statement ered agent.	for the purpose of changing its	s registere	ed office or register	red ager	nt, or both, in the State of Florid	da. Iam f	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if applicable. (NOT	E: Registere	d Agent signature required	d when rein	stating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May.1, 2003 Fee will be \$550.00 Make Check Payable to Florida Départment of State					9. Election Campaign Finar Trust Fund Contribution.			0 May Be d to Fees		
10.		OFFICERS AN	D DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE NAME	PVST MCFARLII	N, SONIA G	☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	SS 1447 PALM LANE STRE			ET ADORESS - ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	į.	☐ Delete						Change	Addition
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indicated of the cor	on this repor	t or supplemental report le receiver or trustee em	th this filing does not qualify fo is true and accurate and that re powered to execute this report with all other like empowered	ny signat .as requir	ure shall have the s	same led	gal effect as if made under oat	h: that I a	m an officer	or director 1