FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90351 046 ***150.00

658153

DOCUMENT # P99000030394

1. Entity Name

S.G.J. Enterprises, Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
250 N. Beach St		5402 Taylor Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Daytona Beach, FL		Port Orange, FL	
Zip	Country	Zip	Country
32114	Volusia	32127	Volusia

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3627039 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Arthur E. Heintz

Street Address (P.O. Box Number is Not Acceptable): ~~921 Waverly Drive~~

City: Longwood FL Zip Code: 32750

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) ☐

~~January 1 - May 1 Fee is $150.00~~
~~After May 1 Fee is $550.00~~
~~Amended UCR 12-881-35~~
~~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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
President, Secretary, Director Steven G. Jones 5402 Taylor Ave Port Orange, FL 32127	
Treasurer Christopher Jones 5402 Taylor Ave Port Orange, FL 32127	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/27/02 386-254-4645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)