

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90093 005 \*\*\*150.00

**DOCUMENT # P99000071538**

1. Entity Name

**S G E TECH, INC.**

Principal Place of Business

Mailing Address

**6830 BUTTONTREE LANE  
 JACKSONVILLE FL 32277**

**6830 BUTTONTREE LANE  
 JACKSONVILLE FL 32277-3609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3590171**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOLIVEN, EULOGIO  
 6830 BUTTONTREE LANE  
 JACKSONVILLE FL 32277**

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)

**2-1-2000**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SOLIVEN, EDILBERTO</b>	
STREET ADDRESS	<b>1655 FOXWOOD DRIVE</b>	
CITY-ST-ZIP	<b>TRACEY CA 95376</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SOLIVEN, EULOGIO</b>	
STREET ADDRESS	<b>6830 BUTTONTREE LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SOLIVEN, GERARDO A</b>	
STREET ADDRESS	<b>262 PRICE STREET, APT. #2</b>	
CITY-ST-ZIP	<b>CLAY CITY CA 94014</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GREER, VIRGINIA A</b>	
STREET ADDRESS	<b>850 W. UPASS STREET</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92103</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SOLIVEN, SHIRLEY M</b>	
STREET ADDRESS	<b>1655 FOXWOOD DRIVE</b>	
CITY-ST-ZIP	<b>TRACEY CA 93276</b>	
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREER, VIRGINIA A</b>	
STREET ADDRESS	<b>5068 CAMINO PLAZA ACAPULCO</b>	
CITY-ST-ZIP	<b>SAN DIEGO, CA 92124</b>	
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		

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:

*Eulogio A. Soliven*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EULOGIO A. SOLIVEN**

**2-1-2000**

Date

Daytime Phone #

CR2E034 (9/99)