

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 31 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071538

Entity Name

S G E TECH, INC.

Principal Place of Business

6830 BUTTONTREE LANE
JACKSONVILLE FL 32277

Mailing Address

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

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

Christy Curtiss

Street Address (P.O. Box Number is Not Acceptable)

8532 Andaloma Street

City

Jacksonville,

FL

Zip Code
32211

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 Christy Curtiss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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 **P** ☒ Delete
NAME SOLIVEN, EDILBERTO
STREET ADDRESS 1655 FOXWOOD DRIVE
CITY-ST-ZIP TRACEY CA 95376

TITLE **President** ☒ Change ☐ Addition
NAME Virginia Greer
STREET ADDRESS 5068 Camino Playa Acapulco
CITY-ST-ZIP San Diego, CA 92124

TITLE **VP** ☒ Delete
NAME SOLIVEN, EULOGIO
STREET ADDRESS 6830 BUTTONTREE LANE
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE ☐ Change ☐ Addition
NAME **100003274841--9**
STREET ADDRESS **-06/02/00--01021--024**
CITY-ST-ZIP *******70.00 *****70.00**

TITLE **VP** ☒ Delete
NAME SOLIVEN, GERARDO A
STREET ADDRESS 262 PRICE STREET, APT. #2
CITY-ST-ZIP CLAY CITY CA 94014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME GREER, VIRGINIA A
STREET ADDRESS 850 W. UPASS STREET
CITY-ST-ZIP SAN DIEGO CA 92103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME SOLIVEN, SHIRLEY M
STREET ADDRESS 1655 FOXWOOD DRIVE
CITY-ST-ZIP TRACEY CA 93276

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Virginia Greer

2-1-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)