

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000108815**1. Entity Name
SDN GROUP, INC.

FILED

02 OCT 31 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
517 S.W. 1ST AVE.
FT. LAUDERDALE FL 33301Mailing Address
517 S.W. 1ST AVE.
FT. LAUDERDALE FL 33301

2. Principal Place of Business

2465 SANDHILL CT

3. Mailing Address

2465 SANDHILL CT

Suite, Apt. #, etc.

LAWRENCEVILLE GA

Suite, Apt. #, etc.

City & State

City & State

LAWRENCEVILLE GA

Zip

30044

Country

GWINNETT

Zip

30044

Country

Gwinnett

4. FEI Number 57-2539578

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, EUGENE M
517 S.W. 1ST AVE.
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NIELSEN, DALE
3465 SANDHILL CT.
LAWRENCEVILLE GA 30044 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
NIELSEN, SUSAN M
3465 SANDHILL COURT
LAWRENCEVILLE GA 30044 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800008736488 ☐ Change ☐ Addition
11/01/02--01011--007 **400.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: X. S. Nielsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORX9/19/02 770
935 8656
Date Daytime Phone #

CR2E034 (9/01)