

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90234 032 ***150.00

DOCUMENT # **P02000032330**



1. Entity Name
SERGO INTERNATIONAL, INC.

Principal Place of Business
~~43 SEMINOLE STREET~~
~~STUART FL 34994~~

Mailing Address
~~43 SEMINOLE STREET~~
~~STUART FL 34994~~



2. Principal Place of Business

3825 NE INDIAN RIVER DR

3. Mailing Address

Suite, Apt. #, etc. **SAME**

CHECK HERE IF MAKING CHANGES

City & State
JENSEN BEACH FL

City & State

4. FEI Number **FEIN#**
01-0670038

Applied For
 Not Applicable

Zip
34957

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

ALLMAN, ROY W
43 SEMINOLE STREET
STUART FL 34994

7. Name and Address of New Registered Agent

Name **DENA SERGO**
Street Address (P.O. Box Number is Not Acceptable)
3825 NE INDIAN RIVER DR
City **JENSEN BEACH FL** Zip Code **34957**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Dorothy Sergio President**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-10-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	SERGO, RALPH
STREET ADDRESS	43 SEMINOLE STREET
CITY-ST-ZIP	STUART FL 34994
TITLE	<input type="checkbox"/> Delete
NAME	DENA SERGO PRES.
STREET ADDRESS	3825 NE INDIAN RIVER DR
CITY-ST-ZIP	JENSEN BEACH FL. 34957
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **Dorothy Sergio** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-10-03**

Daytime Phone #

CR2E034 (10/02)