

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000076807**1. Entity Name  
SGS DEVELOPMENT, INC.

## Principal Place of Business

PMB 211  
2200 WINTER SPRINGS BLVD., SUITE 106  
OVIDO FL  
32765

## Mailing Address

PMB 211  
2200 WINTER SPRINGS BLVD., SUITE 106  
OVIDO FL  
32765

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

59-3472037

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

DOUGLAS GREGORY S  
PMB 211  
2200 WINTER SPRINGS BLVD., SUITE 106  
OVIDO FL  
32765

## 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 \_\_\_\_\_ 04/19/2001

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, 2001 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

TITLE	TSD	<input type="checkbox"/> Delete
NAME	DOUGLAS GREG S	
STREET ADDRESS	1088 OLD COVENTRY COURT	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOUGLAS STEVEN	
STREET ADDRESS	4576 MULBERRY CREEK DR	
CITY-ST-ZIP	EVANS GA 30809	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOUGLAS A.B.	
STREET ADDRESS	3462 OLD NASSAUVILLE RD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
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		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS GREG S	
STREET ADDRESS	3176 LINKSLAND ROAD	
CITY-ST-ZIP	MOUNT PLEASANT SC 29466	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS STEVEN M	
STREET ADDRESS	4576 MULBERRY CREEK DR	
CITY-ST-ZIP	EVANS GA 30809	
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		

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:** Greg S. Douglas

S

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)