2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J29596 **DOCUMENT#**

1. Entity Name

E.G.G. COMPANY



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90209 022 ***150.00

			GO WE THE			
Principal Place of Business 11187 W COLONIAL DR OCOEE FL 34761 US		Mailing Address 11187 W COLONIAL DR OCOEE FL 34761 US				
2. Principal Place of Business		3. Mailing Address			9)i 8.8i) 818)) 8 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2706668		olied For Applicable
Zip	Country	Zip	Country	_5, Certificate of Status Desired_	\$8.75 Addi	tional.
	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered	Agent	
		- Negiolo/de Ngoil	Name	3		
DANFORD 15922 J 8), BOBBY J. 6 J DR		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
TAVARES						
Fig. 4. or 2. c			City	FL Zip Code		
the above the obligat	ions of registered agent.		gistered office or registered Agent signature require	ered agent, or both, in the State of Florida. I am	amiliar with, a	ind accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			ুন পা প্রীপুন	9. Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Danford, Bobby J. 15922 J & J Dr Tavares Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DANFORD, MARIE . 15922 J & J DR TAVARES FL	☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY_ST_7IP		□ Delete	TITLE NAME STREET ADDRESS COLV. ST. ZIP		☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Daytime Phone #

☐ Change

Addition