

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90322 026 ***150.00

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DOCUMENT # 320489

1. Entity Name
E G P, INC.



Principal Place of Business
**1420 W. WASHINGTON AVE.
P.O. BOX 1363
ORLANDO FL 32802**

Mailing Address
**1420 W. WASHINGTON AVE.
P.O. BOX 1363
ORLANDO FL 32802**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1144941**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAY, JOHN H.
1420 W WASHINGTON ST
ORLANDO FL 32805**

Name

Susan B. Day

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

1420 W Washington St.

City

Orlando, FL

FL

Zip Code

32805

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 *Susan B. Day* **Susan B. Day**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAY, JOHN H	
STREET ADDRESS	1420 W WASHINGTON ST	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	GURSKY, THOMAS W.	
STREET ADDRESS	1420 W WASHINGTON ST	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUPREE, DOUGLAS J.	
STREET ADDRESS	1420 W. WASHINGTON ST.	
CITY-ST-ZIP	ORLANDO FL	
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		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan B. Day	
STREET ADDRESS	1420 W Washington St.	
CITY-ST-ZIP	Orlando, FL 32805	
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 or without other like empowered.

SIGNATURE:

Thomas W Gursky **Thomas W Gursky**

4/29/03

407-841-2932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)