

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # 461387**1. Entity Name
E.G.M., INC.

Principal Place of Business

21332 AARON CT.

Mailing Address

21332 AARON CT.

LUTZ FL LUTZ FL
33549 US 33549 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1574109

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

CAMPOLONG GREGORY E.
21332 AARON CT.LUTZ FL
33549

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)

04/21/2001

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	PSD	☐ Delete
NAME	CAMPALONG, GREGORY	
STREET ADDRESS	21332 AARON CT.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VTD	☐ Delete
NAME	CAMPALONG, EUGENE T	
STREET ADDRESS	21332 AARON CT.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	☒ Change ☐ Addition
NAME	CAMPOLONG, GREGORY E	
STREET ADDRESS	21332 AARON CT.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VTD	☒ Change ☐ Addition
NAME	CAMPOLONG, EUGENE T.	
STREET ADDRESS	21332 AARON CT.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: EUGENE T. CAMPOLONG

VTD

04/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)