

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90003 001 \*\*\*150.00

**DOCUMENT # H50597**

1. Entity Name  
**E.A.G.C. CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1660 SE 3RD CT 1582 S. E. THIRD COURT DEERFIELD BEACH FL 33441-4419 US</b>	Mailing Address <b>1660 SE 3RD CT 1582 S. E. THIRD COURT DEERFIELD BEACH FL 33441-4419 US</b>
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2. Principal Place of Business <b>1660 SE 3RD CT</b> Suite, Apt. #, etc.	3. Mailing Address <b>1660 SE 3RD CT</b> Suite, Apt. #, etc.
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City & State <b>Deerfield Beach FL</b>	City & State <b>Deerfield Beach FL</b>
Zip <b>33441</b>	Zip <b>33441</b>
Country <b>Broward</b>	Country <b>Broward</b>

4. FEI Number <b>59-2614699</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**CATALOGNA, MICHAEL A.  
17854 FOXBOROUGH LANE  
  
BOCA RATON FL 33434**

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 (NOTE: Registered Agent signature required when re-issuing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CATALOGNA, MICHAEL 17854 FOXBOROUGH LANE BOCA RATON FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Catalogna Michael 1660 SE 3RD CT Deerfield Beach FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Michael Catalogna 2/26/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **954 4270313**

CR2E034 (10/00)