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04/30/2001 11:00 8132218051

EKONOMIDES

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

E. & G. Investors, Inc.

K09032

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-23-2001 90463 029 ***150.00

Principal Place of Business	Mailing Address
1600 Gulf Blvd P.H. #1 Clearwater, FL 33767	1600 Gulf Blvd P.H. #1 Clearwater, FL 33767

2. Principal Place of Business	3. Mailing Address
None	None

City & State	City & State
None	None

Zip	Country	Zip	Country
None	None	None	None

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Elias Anastasopoulos 1600 Gulf Blvd. P.H. #1 Clearwater, FL 33767	Name _____ Street Address (PO Box Number Is Not Acceptable) City _____ Zip Code _____

8. This above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Elias A. Anastasopoulos*
 Signature, Name or printed name of registered agent and his title
 DATE: *5/23/01* Reason for date stamp required when filed: *None*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	10. Registered/Corporation/Partnership/LLC/Other <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	11. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 tax / \$5 Add to Paid in
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICES AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elias Anastasopoulos <input type="checkbox"/> Date 1600 Gulf Blvd FL 33767
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Date
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Date
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Date
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Date
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Date
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12. I hereby certify that the information contained with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statute. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature does have the same legal effect as if made under oath that I am an officer or an employee of the corporation or the names of the persons or trustees empowered to execute this report as required by Chapter 807, Florida Statute; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like entries.

SIGNATURE: *V. A. Anastasopoulos 5/30/01* **TA SO ANASTASOPoulos**