

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90255 008 ****50.00

DOCUMENT # L99000000030

1. Entity Name
EGL CONSULTING, L.C.

NEW ADDRESS

Principal Place of Business
3475 S. OCEAN BLVD., APT. 106
PALM BEACH FL 33480

Mailing Address
~~3475 S. OCEAN BLVD., APT. 106~~
~~PALM BEACH FL 33480~~
2400 SOUTH OCEAN DR
FORT PIERCE FL 34949

000005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
V513
Suite, Apt. #, etc.
FORT PIERCE
City & State
FL

3. Mailing Address
V513 2400 S. OCEAN DR
Suite, Apt. #, etc.
FORT PIERCE
City & State
FL

4. FEI Number **65-0892074** **Applied For**
Not Applicable

Zip **34949** **Country** **U.S.A.** **Zip** **34949** **Country** **USA.**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOEW, ELLEN G
~~**3475 S. OCEAN BLVD., APT. 106**~~
~~**PALM BEACH FL 33480**~~
2400 S. OCEAN DR
V513
FORT PIERCE
FL 34949

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 Ellen G Loew **DATE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOEW, ELLEN G 3475 S. OCEAN BLVD., APT. 106 PALM BEACH FL 33480	<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	MGRM ZIEMBA, ANN MARIE 215 RIDGEFIELD ROAD ENDICOTT NY 13760	<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
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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ellen G Loew **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 02/09/02 Daytime Phone #

CR2E083 (9/01)