

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000012402**1. Entity Name
E.G. SERVICES OF TAMPA BAY, INC.Principal Place of Business
1260 CENTER AVE
TARPON SPRINGS FL 34689Mailing Address
1260 CENTER AVE
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address
933 LAKEWOOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
DUNEDIN FL4. FEI Number
59-3621988Applied For
Not Applicable

Zip Country

Zip Country
346985. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRERO EDUARDO E
1260 CENTER AVE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name
GUERRERO EDUARDO E
Street Address (P.O. Box Number is Not Acceptable)
933 LAKEWOOD DR.
City
DUNEDIN FL Zip Code
34698

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 _____ 09/12/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRES	GUERRERO EDUARDO EMR.	933 LAKEWOOD DR.	DUNEDIN FL 34698	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Ed Guerrero

Pres 09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)