2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR **DOCUMENT #**

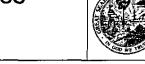
1. Entity Name

P00000109635

E-Z LOAD GATE, INC.

Principal Place of Business

590 LAKE KATHRYN CIRCLE



Mailing Address

590 LAKE KATHRYN CIRCLE

CASSELBERR	Y FL 32707	CASSELBER	CASSELBERRY FL 32707							
2. Principal Place of Business		3. Mailing Ad	3. Mailing Address				18191 11 03		(1101 Bill LOUI	
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Star	te	City & Stat	City & State			FEI Number 59-368 1873 Applied For Not Applica				
Zip	Zip Country		Cou	untry 5. Cert		rtificate of Status Desired \$8.75 Ac			litional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
				-Name	~~~-					
	FLOYD M KATHRYN CIRCLE		Street Addre		ss (P.O. Box Number is Not Acceptable)					
	ERRY FL 32707									
			City			FL	Zip Code	e		
	named entity submits this statementions of registered agent.	it for the purpose of	changing its registe	ered office or regis	stered agent, o	or both, in the State of Florid	da. am far	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registe	red Agent signature req	uired when reinstati	ng)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen					Election Campaign Final Trust Fund Contribution.	ncing		May Be to Fees	
10.	., OFFICERS AI		. 11		ADDITI	ONS/CHANGES TO OFFIC	ERS AND C	NRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, FLOYD M 590 LAKE KATHRYN CIRCLE CASSELBERRY FL 32707		Delete TIN	Ile Ime Reet address TY-ST-ZIP	ADDITI	5N076112N025 10 01110		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARLE, STEPHEN D 391 HIDDEN PINE CIRCLE CASSELBERRY FL 32707		NA ST	LE ME REET ADDRESS IY-ST-ZIP			[Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			ST	LE ME REET ADDRESS IY-ST-ZIP				_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			st	LE ME REET ADDRESS IY-ST-ZIP			(□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ST	LE ME REET ADDRESS 'Y-ST-ZIP			(Change	Addition	
TITLE			Delete TIT	LE				Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

05-01-2003 90984 006 ***150.00

May 01, 2003 8:00 am & Secretary of State