2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P01000001068 03-04-2002 90031 031 ***150.00 1. Entity Name CEGOM, INC. Principal Place of Business Mailing Address 6408-9TH ST. N 8408-9TH ST. N ST. PETÉRSBURG FL 33702 ST. PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 1. FEI NUMBER 5673 City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGLE, CECILIA GOMEZ Street Address (P.O. Box Number is Not Acceptable) 6408-97H ST. N ST. PETERSBURG FL 33702 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) :9. This corporation is eligible to satisfy its intangible FILE NOW!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete (9/01)TITLE ☐ Change ☐ Addition NAME ENGLE, CECILIA GOMEZ NAME STREET ADDRESS 6408-9TH ST. N STREET ADDRESS **CR2E034** CITY-ST-71P ST. PETERSBURG FL 33702 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP $\Pi\Pi F$ ☐ Delete ☐ Change ☐ Addition NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other like empowered.

FILED