2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100010310 1. Entity Name EL-GEO, INC.				Secretary of State 02-20-2002 90049 026 ***150.00	
Principal Place 5801 SW 197 PLANTATION		Mailing Address 5801 SW 19TH STREET PLANTATION FL 33317			
448 Suite, Apt.		3. Mailing Address 4481 Stirling Suite, Apt. #, etc.	Road	DO NOT WRITE IN THIS SPACE	
Zip	Country Country	City & State H- /Audordale / Zip	Country	4. FEI Number Applied Fo L.5 -/074/7/ Not Applied 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required	_
5801 SW	6. Name and Address of Current Roller, GEORGE 19TH STREET 10N FL 33317	33314 J	Name Street Addres	7. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable)	
SIGNATURE 9. This corpo Tax filing	signature, typed or printed name of registered agent and coration is offigible to satisfy its Intangible requirement and elects to do so.	title if applicable (NOTE: R	pegistered Agent signature required IS \$150.00 Fee will be \$550.00	10. Election Campaign Financing \$5.00 May 8	
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUDHEIMER, GEORG 5801 SW 19TH STREET PLANTATION FL 33317	☐ Delete		4481 Stirling Road Change Add	fition (60/04)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUDHEIMER, ELLEN 5801 SW 19TH STREET PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4481 Stirling Road Change Add # 1481 Auderdale, # 33314	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	e range east to the second east	□ Delete -	NAME STREET ADDRESS CITY-SI-ZIP	Change ☐ Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ition
13. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address, with	is filing does not qualify for th ue and accurate and that my ered to execute this report as hall other like empowered.	e exemption stated in signature shall have th required by Chapter 6	in Section 119.07(3)(i), Florida Statutes, I further certify that the information the same legal effect as if made under oath; that I am an officer or direct recording that Tam and that my name appears in Block 11 or Block 1;	n .or 2 if

Daytime Phone #