

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90029 046 ***158.75

DOCUMENT # P010000598391. Entity Name
EGOLF CORP.

Principal Place of Business

P.O. BOX 2273
LARGO FL 33779

Mailing Address

P.O. BOX 2273
LARGO FL 33779**952055**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1050 STARKEY RD

3. Mailing Address

PO. BOX 2273

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

City & State

LARGO FLORIDA

City & State

LARGO FLORIDA

4. FEI Number

59-3723794

Applied For

Not Applicable

Zip

33771

Country

USA

Zip

33779

Country

USA

5. Certificate of Status Desired

☒**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, KEITH
3535 FIRST AVE. NORTH
ST. PETERSBURG FL 33713

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EGOLF, DARYL**
CITY-ST-ZIP **P.O. BOX 2273**
LARGO FL 33779TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Darryl Egolf**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)