

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90124 007 \*\*\*150.00

**DOCUMENT # P02000014217**

**1. Entity Name**  
**EAG TECHNOLOGY, INC**



**Principal Place of Business**  
**19530 GULF BLVD 4B**  
**INDIAN SHORES FL 33785**

**Mailing Address**  
**19530 GULF BLVD 4B**  
**INDIAN SHORES FL 33785**

**2. Principal Place of Business**  
**901 OSCEOLA RD**  
**Suite, Apt. #, etc.**  
**A 207**

**3. Mailing Address**  
**P.O. Box 1167**  
**Suite, Apt. #, etc.**  
**-**

**City & State**  
**BELLAIR, FLORIDA**

**City & State**  
**INDIAN ROCKS BEACH**

**Zip**  
**33756**

**Country**  
**Pinellas**

**Zip**  
**33785**

**Country**  
**USA**

**4. FEI Number**  
**01-0628446**

**Applied For**  
☒ **Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED**  
**1000 WEST AVENUE SUITE 1114**  
**MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Edward A Galasti* **2-3-03**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ **Delete**  
**NAME** **GALASTI, EDWARD**  
**STREET ADDRESS** **19530 GULF BLVD 4B**  
**CITY-ST-ZIP** **INDIAN SHORES FL 33785**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME** **D GALASTI, EDWARD**  
**STREET ADDRESS** **901 OSCEOLA ROAD**  
**CITY-ST-ZIP** **BELLAIR, FL 33756**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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.**

**SIGNATURE:** *Edward A Galasti*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**904-476-0246**  
**Date** **Daytime Phone #**

CR2E034 (10/02)