## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000129868

Entity Name: E & G CARRIERS, INCORPORATED

POST OFFICE BOX 616353

ORLANDO, FL 328616353

Address: City-St-Zip: FILED Apr 27, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	FICE BOX 6163 ), FL 3286163				
Current Mailing Address:			New Mailing Address:		
	FICE BOX 6163 ), FL 3286163				
FEI Number:	54-2083218	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	D, MARY A LIS COURT D, FL 32809403	32 US			
	named entity s of Florida.	submits this statement for the	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
	npaign Financing	Trust Fund Contribution ( ).	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () COHEN, GARY POST OFFICE ORLANDO, FL	BOX 616353	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () COHEN, EUNIC POST OFFICE ORLANDO, FL	BOX 616353	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	SD () TOMENGO, MA	Delete RY A	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARY A. TOMENGO SD 04/27/2003