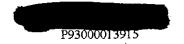
2002 UNIFORM BUSINESS REPORT (UBR)



1. Entity Nami	MENT # ELGA, INC.	P93000	0013915			F	FILED 02 AUG 27 PM 1: 19		
Principal Place of Business 166 SW 53RD TERRACE CAPE CORAL FL 33914			Mailing Address 1217 CAPE CORAL PKWY PMB # 200 CAPE CORAL FL 33904				STATE STATE 2000075382026 -09/05/0201029019 ****150.00 ****150.00		
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State			City & State .				4. FEI Number 65-0384275 Applied For Not Applicable		
Zip	Со	intry	Zip	Coun	try		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and A	ddress of Current Re	gistered Agent		Name		7. Name and Address of New Registered Agent		
166 SW 5	EIN, HELGA 3RD TERRACE RAL FL 33914		Street		dress (1	(P.O. Box Number is Not Acceptable)			
:			-		City	 –	FL Zip Code		
	lons of registered a						ered agent, or both, in the State of Florida. I am familiar with, and accept		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. After September 13, 2 Make Check Payable					Fee will be	\$750.	tate		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIF j-	PD SAUERWEIN, E 166 SW 53RD T CAPE CORAL F	ERRACE	RECTORS Delete				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAUERWEIN, H 166 SW 53RD T CAPE CORAL F	ELGA ERRACE	☐ Oelete		· .		☐ Change ☐ Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	1			☐ Change ☐ Addilion		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1		Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP	partify that the infe-	mation supplied with	Delete	CITY	E Et address - St-Zip	d in Co	Change Addition Section 119.07(3)(i). Florida Statutes, I further certify that the information		

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 a other like empowered.