

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90114 002 ***150.00

068705 FP

DOCUMENT # P96000046746

1. Entity Name
E.G. CONSTRUCTION, INC.



Principal Place of Business
5034 ROSEN BOULEVARD
BOYNTON BEACH FL 33437

Mailing Address
5633 MARSEILLES POET LANE
BOYNTON BEACH FL 33437
US



2. Principal Place of Business

5633 Marseilles Port Ln.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Boynton Beach FL

City & State

Zip

33437

Country

Palm Beach

Zip

Country

4. FEI Number 65-0679941

Applied For

Not Applicable

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SULLIVAN, TERRY
STREET ADDRESS 5034 ROSEN BOULEVARD
CITY-ST-ZIP BOYNTON BEACH FL 33437

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME MERTL, GABOR
STREET ADDRESS 5034 ROSEN BOULEVARD
CITY-ST-ZIP BOYNTON BEACH FL 33437

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☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)