

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90017 023 \*\*\*150.00

**DOCUMENT #** P96000101961

1. Entity Name  
**ELGUN PROPERTIES, INC.**

Principal Place of Business Mailing Address  
 4040 GALT OCEAN DRIVE, STE 422  
 FT. LAUDERDALE, FL 33308

**425634**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4040 GALT OCEAN DRIVE Suite, Apt. #, etc. 422 City & State FT. LAUDERDALE, FL Zip 33308 Country USA		3. Mailing Address 4040 GALT OCEAN DRIVE Suite, Apt. #, etc. 422 City & State FT. LAUDERDALE, FL Zip 33308 Country USA		4. FEI Number 65-0713995	Applied For Not Applicable
6. Name and Address of Current Registered Agent ROBERTA GUNBY 4040 GALT OCEAN DRIVE, STE 422 FT. LAUDERDALE, FL 33308				5. Certificate of Status Desired <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent ROBERTA GUNBY 4040 GALT OCEAN DRIVE, STE 422 FT. LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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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 \_\_\_\_\_ Date \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State.

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ROBERTA GUNBY 4040 GALT OCEAN DRIVE, STE 422 FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Roberta Gunby Date: February 13, 2002 Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)