

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90106 015 \*\*\*150.00

**DOCUMENT # P97000075353**

1. Entity Name  
**EG SUNCOAST TRADING, INC.**

Principal Place of Business <del>2477 STICKNEY PT RD</del> <del># 3298</del> <b>SARASOTA FL 34231</b>	Mailing Address <del>2477 STICKNEY PT RD</del> <del># 3298</del> <del>SARASOTA FL 34231-4071</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4122 ROBERTS PT. CIRCLE</b> Suite, Apt. #, etc.	3. Mailing Address <b>4122 ROBERTS PT. CIRCLE</b> Suite, Apt. #, etc.
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City & State <b>SARASOTA, FL</b>	City & State <b>SARASOTA, FL</b>	4. FEI Number <b>65-0777794</b>	Applied For Not Applicable
Zip <b>34242</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DOUGLAS, KEN</b> <del>2477 STICKNEY PT RD</del> <del>SARASOTA FL 34231</del>	7. Name and Address of New Registered Agent Name <b>GERHARD SCHOLDA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4122 ROBERTS PT. CIRCLE</b> City <b>SARASOTA</b> FL Zip Code <b>34242</b>
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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 [Signature] DATE 4/9/2000

Signature, typed, 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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHOLDA, GERHARD</b> <b>4712 MINK RD</b> <b>BRADENTON FL 34205</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4122 ROBERTS PT. CIRCLE</b> <b>SARASOTA, FL 34242</b>
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
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
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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

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 reports 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: [Signature] DATE 4/9/2000 DAYTIME PHONE # (941) 349 5456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR