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2001 UNIFORM BUSINESS REPORT (UBR)

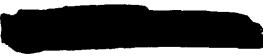
DOCUMENT # P97000075353

EG SUNCOAST TRADING, INC.

1. Entity Name

07-10-2001 90126 034 ***158.75 FILE D P97000075353

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							SECR	ETARY OF	CTATO	•	
Principal Place of Business Mailing Address							TALL	RETARY OF WASSEE, I	-91415 -1 OBIU	A	
4122 ROBERT SARASOTA FL			4122 ROBERT PT CIRCI SARASOTA FL 34242	4122 ROBERT PT CIRCLE SARASOTA FL 34242				U U U	COMB	ц	
}			:			ļ					
2. Principal P	Place of Busines	s	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number	65-0777794		<u> </u>	oplied For ot Applicable
Zip	Zip Country		Zip	Zip Coun		5.	Certificate of	Status Desired		8.75 Add ee Require	
	6. Name ar	d Address of Curren	t Registered Agent			7.	Name and Ad	dress of New Re	gistered A	gent	
					Name						
SCHOLDA, GERHARD 4122 ROBERTS PT CIRCLE SARASOTA FL 34242					Street A	ddress (P.O.	Box Number is	Not Acceptable	· ·		
SARASOTA PE SAZAZ								<u></u>			
					City	_	3		FL	Zip Code	a
8. The above	named entity si	ubmits this statement i	for the purpose of changing	its register	ed office or	registered a	gent, or both, i	n the State of Flor	ida.		, :-
SIGNATURE	Scoretory a modern	rinted name of registered again	s and tills it modificable.	WOTE: Bacirloss	of Acres signed	re required when	calculation)	<u> </u>	DATE		
⊀⊱Tax filing o		a to satisfy its Intangib I elects to do so.	After MAY 1,		will be \$5	550.00		on Campaign Fina Fund Contribution	. 🗖		O May Be I to Fees
11.	9	OFFICERS AND	D DIRECTORS -3	12.	:	A	DDITIONS/CH	ANGES TO OFFI	ERS AND	DIRECTORS	\$ IN 11
TITLE	D		☐ Detets	' TITL	E				•	☐ Change	Addition
name Street address City-St-Zip	4122 ROBE	GERHARD RTS PT CIRCLE	.*		et address -st-zip	<i>r</i>	ž.			- 1	
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STREET ADDRESS CITY-ST-ZIP					et address -st-zip						
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STREET ADDRESS					et address					R 🚓	' [
CITY-ST-ZIP					-ST-ZIP						
 I hereby c indicated 	ertify that the into	formation supplied wit supplemental report i	h this filing does not qualify is true and accurate and tha	for the exer	mption state ture shall ha	ed in Section ave the same	119.07(3)(i), F	lorida Statutes. I f if made under oa	urther certif th: that I ar	y that the in	formation 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: