

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90828 014 \*\*\*150.00

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

**DOCUMENT # P98000014234**

1. Entity Name  
**E.G. PROPERTY SERVICES INC.**



**90119087**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>400 N. CONGRESS AVE., STE. 108 W. PALM BEACH, FL 33401</b>		Mailing Address <b>400 N. CONGRESS AVE., STE. 108 W. PALM BEACH, FL 33401</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0813901</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>GARCIA, EDUARDO 1621 NORTH J STREET LAKE WORTH, FL 33460</b>		7. Name and Address of New Registered Agent Name <b>GARCIA, EDUARDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 N. CONGRESS AVE STE 108</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33401</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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eduardo Garcia*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when relinquishing)

DATE

**4/28/03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P GARCIA, EDUARDO 2645 FLANANGO LAKE DR W. PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GARCIA, EDUARDO 400 N. CONGRESS AVE STE 108 WEST PALM BEACH FL 33401</b> <input checked="" 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

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:

*Eduardo Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03**

Date

Daytime Phone #

CR2E034 (10/02)