2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **P99000005978** 1. Entity Name E G P ENTERPRISES, INC. 04-21-2000 90153 017 ***150.00 Mailing Address Principal Place of Business 7417 ALBANY ROAD 7417 ALBANY ROAD FORT MYERS FL FORT MYERS FL 33912-2702 2. Principal Place of Business 3. Mailing Address GOLF LAKE CIR. 25172 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BONITA Applied For City & State TORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 10.7 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above famed entity submits this statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on pack) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD Addition PTD TITLE □ Delete TITLE GUSTASON, PHILLIP V NAME NAME 25172 GOLF LAKE CIRCLE STREET ADDRESS STREET ADDRESS 7417 ALBANY ROAD CITY-ST-ZIE CITY-ST-ZIP FORT MYERS FL Addition ☐ Delete TITLE TITLE GUSTASON, GINGE NAME NAME STREET ADDRESS STREET ADDRESS 135 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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