

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

FILED
Aug 05, 2003 8:00 am
Secretary of State

0579136 AV

08-05-2003 90072 003 ***550.00

DOCUMENT # S53817

1. Entity Name
E B G ENTERPRISES INC.



Principal Place of Business
**200 N TAMPA STREET
STE 118
TAMPA FL 33602-5133**

Mailing Address
**3200 LOIS CT
LAND O LAKES FL 34639**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**200 N. TAMPA St.
Ste 118**

CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL 33602

City & State

Zip Country
USA

4. FEI Number **59-3066782**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GRIFFIN, E.B. JR.
3200 LOIS CT.
LAND O'LAKES FL 34639**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *E.B. Griffin* (NOTE: Registered Agent signature required when reinstating)

DATE **7-31-03**

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GRIFFIN, E.B. JR. 3200 LOIS CT. LAND O'LAKES FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GRIFFIN, ELIZABETH D. 3200 LOIS CT. LAND O'LAKES FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GRIFFIN, EDWIN B. 3309 PICWOOD ROAD TAMPA FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Ray Martinez 8922 Downa Ln Dr. ODessa, FL 33556 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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: *E.B. Griffin* **SIGNATURE REQUIRED** **7-31-03** Date Daytime Phone #

CR2E034 (10/02)