2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90841 015 ***158.75

DOCUMENT # F02000004209

1. Entity Name
EAGLE PROTECTION INC.

Principal Place of Business	Mailing Address
20 RIVERSIDE DRIVE SPRING CITY PA 19475	20 RIVERSIDE DRIVE SPRING CITY PA 19475

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
526 S.W. BRADSHAW CIRCLE Suite, Apt. #, etc.	526 SW. BRADSHAW CIRCLE Suite, Apt. #, etc.
City & State: PORT ST LUCIE, FLORIDA	City & State: PORT ST. LUCIE FLORIDA
Zip: 34953 Country: ST. LUCIE	Zip: 34953 Country: ST. LUCIE

4. FEI Number 23-2969350 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, DAWN
3100 NORTH OCEAN BLVD., STE. 708
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: JOSEPH CROSSLEY
Street Address (P.O. Box Number is Not Acceptable): 681 S.E. PRINCEVILLE ST
City: PORT ST. LUCIE FL Zip Code: 34983

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: X _____ 1-10.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P KURYLO, JAMES J 1017 WEST BRIDGE ST. SPRING CITY PA 19475	☐ Delete	PRESIDENT KURYLO, JAMES J. 526 S.W. BRADSHAW CIRCLE PORT ST LUCIE, FL 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: James J Kurylo JR PRESIDENT 1.10.03 772 878 4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #