

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 20 RIVERSIDE DRIVE SPRING CITY PA 19475	Mailing Address 20 RIVERSIDE DRIVE SPRING CITY PA 19475
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2. Principal Place of Business 526 S.W. BRADSHAW CIRCLE Suite, Apt. #, etc.	3. Mailing Address 526 S.W. BRADSHAW CIRCLE Suite, Apt. #, etc.
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City & State PORT ST LUCIE, FLORIDA	City & State PORT ST LUCIE FLORIDA
Zip 34953	Country ST. LUCIE

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

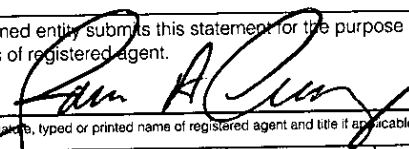
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, DAWN 3100 NORTH OCEAN BLVD., STE. 708 FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name JOSEPH CROSSLEY
Street Address (P.O. Box Number is Not Acceptable) 681 S.E. PRINCIVILLE ST
City PORT ST. LUCIE
State 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.

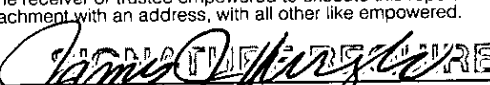
SIGNATURE 	DATE 1-10-03
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KURYLO, JAMES J 1017 WEST BRIDGE ST. SPRING CITY PA 19475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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	PRESIDENT KURYLO, JAMES J. 526 S.W. BRADSHAW CIRCLE PORT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 	DATE 1-10-03	DAYTIME PHONE # 772 878 4100
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CR2E034 (10/02)