## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 23, 2001 8:00 am Secretary of State **DOCUMENT # J91608** 1. Entity Name EAGLE EQUIPMENT CORPORATION OF PINELLAS 03-23-2001 90002 030 \*\*\*150.00 Principal Place of Business Mailing Address 2865 EXECUTIVE DR 2865 EXECUTIVE DR C/O COPPERWHEAT. JACQUELYN C/O COPPERWHEAT, JACQUELYN CLEARWATER FL 33762 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2847321 Not Applicable Zip Country Zip 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 Name RICE, MARTIN ERROL Street Address (P.O. Box Number is Not Acceptable) 333 THIRD AVE N STE 325 ST. PETERSBURG FL 33701 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME RISSER, P. N., III NAME STREET ADDRESS STREET ADDRESS 2865 EXECUTIVE DR CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COPPERWHEAT, JACQUELYN NAME STREET ADDRESS 2865 EXECUTIVE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MITCHELL, BRUCE NAME STREET ADDRESS 2865 EXECUTIVE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE ☐ Delete TITLE Change ☐ Addition NAME KATCHUK, KERRY NAME STREET ADDRESS 2865 EXECUTIVE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** Delete TITLE **Change** ☐ Addition NAME HARRISON, SHARON Pellegring David 2005 Executive Drive NAME

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

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2865 EXECUTIVE DR

**CLEARWATER FL** 

NATURE AND THE DO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR TO COPPER WHICH THE DATE THE

Clearwater FL 33762

☐ Change

☐ Addition