

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075040

1. Entity Name
SILVER EAGLE BUSINESS CONSULTING, INCORPORATED

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90087 045 ***150.00

Principal Place of Business Mailing Address
2311 NW LAKEVIEW DR. 2311 NW LAKEVIEW DR.
SEBRING FL 33870 SEBRING FL 33870-2220

RUUU7JUD



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0864016 Not Applicable

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

6. Name and Address of Current Registered Agent
WOOD, ROBERT D
2311 NW LAKEVIEW DR.
SEBRING FL 33870

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.

SIGNATURE: *WOOD, ROBERT D*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	PDC <input type="checkbox"/> Delete
NAME	WOOD, ROBERT D
STREET ADDRESS	2311 NW LAKEVIEW DR
CITY-ST-ZIP	SEBRING FL 33870
TITLE	TSD <input type="checkbox"/> Delete
NAME	WOOD, BARBARA B
STREET ADDRESS	2311 NW LAKEVIEW DR
CITY-ST-ZIP	SEBRING FL 33870
TITLE	D <input type="checkbox"/> Delete
NAME	WOOD, ELAINE L
STREET ADDRESS	11974 CARDAMOM DR
CITY-ST-ZIP	WOODBIDGE VA 22192
TITLE	D <input type="checkbox"/> Delete
NAME	WOOD, AMY L
STREET ADDRESS	505 2ND AVE NE APT 14
CITY-ST-ZIP	RUSKIN FL 33570
TITLE	D <input type="checkbox"/> Delete
NAME	HUSZAR, PAUL
STREET ADDRESS	806 131ST ST COURT E
CITY-ST-ZIP	TACOMA WA 98445
TITLE	D <input type="checkbox"/> Delete
NAME	HUSZAR, ELISE W
STREET ADDRESS	806 131ST ST COURT E
CITY-ST-ZIP	TACOMA WA 98445

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara B. Wood* **BARBARA B. WOOD** 1-13-00 (863) 314-8816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)