FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2002 8:00 am Secretary of State P01000071521 **DOCUMENT #** 1. Entity Name 02-13-2002 90214 019 ***150.00 EAGLE MAINTENENCE & SERVICES, INC. Principal Place of Business Mailing Address ONE EAST BROWARD BLVD. ONE EAST BROWARD BLVD. **SUITE 1501** SUITE 1501 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. EEI Number City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent للمنابع والمنابع المستنا GRUMER, KEITH T ESQ. Street Address (P.O. Box Number is Not Acceptable) GRUMER & LEVIN, P.A. ONE EAST BROWARD BLVD., SUITE 1501 FORT LAUDERDALE FL 33301 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. P, D P Change (9/01 Peacock, Resse TITLE □ Delete TITLE Perock, reese NAME WATE ONE East Browned Blue, 1501 STREET ADDRESS ONE EAST BROWARD BLVD., SUITE 1501 STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP FF LAUDERDAL, FL 33301 TITLE Delete IIILE Change PEACOLK, JOEL NAME NAME ONE GAST BLOWARD BIND, 1501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft LANDERDALL FL 33301 Change ☐ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Celete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: