

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-01-2002 91522 037 ***150.00

DOCUMENT # 003848

1. Entity Name

EAGLE SUPPLY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1451 CHANNELSIDE DRIVE

3. Mailing Address

P.O. BOX 75305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL 33605

City & State

TAMPA, FL 33675

Zip

Country

Zip

Country

4. FEI Number

59-022800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOLINER, NATHANIAL

Street Address (P.O. Box Number is Not Acceptable)

1 HARBOUR PLACE 5TH FLOOR

City

TAMPA

FL

Zip Code

33602

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 signature required when renewing)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**CD
FIELDS, DOUGLAS P.
122 EAST 42ND STREET
NEW YORK, NY 10168**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
HELZER, JAMES E.
2500 US 287
MANSFIELD, TX 76063**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VSTD
FRIEDMAN, FREDERICK M.
122 EAST 42ND STREET
NEW YORK, NY 10168**

TITLE
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CITY- ST- ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

212 972-1510

Daytime Phone #