

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 595928

1. Entity Name

GEORGE EATON REAL ESTATE AND CONSTRUCTION, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90085 007 \*\*\*150.00

Principal Place of Business

2993 COUNTRY WOODS LN.

~~DUNEDIN~~ FL 34683-6471

US

Mailing Address

2993 COUNTRY WOODS LN.

~~DUNEDIN~~ FL 34683-6471

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM HARBOR**

City & State

**PALM HARBOR**

Zip

Country

Zip

Country

4. FEI Number

**59-1863544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EATON, GEORGE

2993 COUNTRY WOODS LN

~~DUNEDIN~~ FL 33773

**PALM HARBOR, FL 34683**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete

NAME **EATON, GEORGE**

STREET ADDRESS **2993 COUNTRY WOODS LN**

CITY-ST-ZIP **~~DUNEDIN~~ FL 34683-6471**

TITLE **VST** ☐ Delete

NAME **EATON, BARBARA**

STREET ADDRESS **2993 COUNTRY WOODS LN**

CITY-ST-ZIP **~~DUNEDIN~~ FL 34683-6471**

TITLE ☐ Delete

NAME ☐ Delete

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NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGE EATON**

**1-15-00**

Date

**727-734-9774**

Daytime Phone #

CR2E034 (9/99)