2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F56075

FILED
Mar 13, 2000 8:00 am
Secretary of State
03-13-2000 90004 048 ***150.00

1. Entity Name

EAGLE ELECTRIC OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
213 WGTO TOWER ROAD PO BOX 715 LAKE ALFRED FL 33850	213 WGTO TOWER ROAD PO BOX 715 LAKE ALFRED FL 33850-0715

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
213 WGTO Tower Road		PO Box 715	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Polk City, FL		City & State: Lake Alfred, FL	
Zip: 33868	Country: Polk	Zip: 33850	Country: Polk

4. FEI Number 59-2154990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REAVES, C RICHARD JR
213 WGTO TW RD
LK ALFRED, FL
33850

7. Name and Address of New Registered Agent

Name: Mary M. Reaves
Street Address (P.O. Box Number is Not Acceptable): 213 WGTO Tower Road
City: Polk City FL Zip Code 33868

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 Mary M. Reaves, President [signature] 03-07-00
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 NAME STREET ADDRESS CITY-ST-ZIP	CD REAVES, C RICHARD JR 213 WGTO TOWER ROAD LK ALFRED, FL 00000	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mary M. Reaves 213 WGTO Tower Road Polk City, FL 33868	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] Mary M. Reaves, President 03-07-00 (863) 956-1424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #