## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # F99000002872 1. Entity Name DOUBLE EAGLE CONSTRUCTION COMPANY, INC. 03-15-2000 90139 005 \*\*\*150.00 Principal Place of Business Mailing Address 200 JEFFERSON AVENUE, STE 1450 200 JEFFERSON AVENUE. STE 1450 MEMPHIS TN 38103-8335 MEMPHIS TN 38103 C0038046 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 71-0816703 Not Applicable Zip Zip Country 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. 11. Change ☐ Addition TITLE PCD □ Delete TITLE NAME NAME HUTCHINSON, NEAL STREET ADDRESS STREET ADDRESS 3601 BEATTY STREET CITY-ST-ZIP CITY-ST-ZIP <u>west memphis ar</u> ☐ Change ☐ Addition TITLE ☐ Defete TITLE TD NAME NAME HUTCHINSON, ANNA STREET ADDRESS STREET ADDRESS 3601 BEATTY STREET CITY-ST-ZIP CITY-ST-ZIP <u>west memphis ar</u> ☐ Addition Channe TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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: