


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

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 25 AM 8:00

DOCUMENT # J 79187

1. Entity Name
Southern Eagle Development Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>P.O. Box 376</u>		3. Mailing Address <u>P.O. Box 376</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Jensen Beach, FL</u>		City & State <u>Jensen Beach, FL</u>	
Zip <u>34958</u>	Country <u>U.S.</u>	Zip <u>34958</u>	Country <u>U.S.</u>

700022635837
08/28/03--01032--018 **\$61.35

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4. FEI Number
59-2825310

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name Nancy T. Hodde

Street Address (P.O. Box Number is Not Acceptable)
1809 N.E. Victorian Lane

City Jensen Beach FL Zip Code 34957

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Henry B. Hodde</u> <u>1809 N.E. Victorian Lane</u> <u>Jensen Beach, FL 34957</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>C. Wayne Ashton</u> <u>364 Cyclone Drive</u> <u>Ft. Pierce, FL 34945</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary / Treasurer</u> <u>Nancy T. Hodde</u> <u>1809 N.E. Victorian Lane</u> <u>Jensen Beach, FL 34957</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 8-16-03 (772)334-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)