

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 FEB 14 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K67942**

1. Entity Name

EAGLE MONUMENTS INC.

Principal Place of Business

**805 BARREL AVE
FT. PIERCE FLA
34982**

Mailing Address

**805 BARREL AVE
FT. PIERCE FLA
34982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. PIERCE FLA

City & State

FT. PIERCE FLA

4. FEI Number

65-0902984

Applied For

Not Applicable

Zip

34982

Country

ST. LUCIE

Zip

34982

Country

ST. LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required. ☐

6. Name and Address of Current Registered Agent

**DOUGLAS SKIDMORE
3603 RIVER BIRCH DR
FT. PIERCE FLA 34981**

7. Name and Address of New Registered Agent

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

DOUGLAS SKIDMORE

2/7/01

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, 2001 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

TITLE **PRES SEC TREA** ☐ Delete
NAME **DOUGLAS SKIDMORE**
STREET ADDRESS **3603 RIVER BIRCH DR**
CITY-ST-ZIP **FT. PIERCE FLA 34981**

TITLE **DIR** ☐ Delete
NAME **ROBERT STRANG**
STREET ADDRESS **103 W. MARION AVE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
0000003745380--0
-02/21/01--00000000
******150.00 ****150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DOUGLAS SKIDMORE

Date

2/7/01

Daytime Phone #

**561 464
5547**

CR2E034 (11/00)