

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000000883**

1. Entity Name

EAGLE PROPERTIES, LLC

(P)

Principal Place of Business

Mailing Address

**515 SOUTH SIXTH AVENUE
WAUCHULA FL 33873****PO BOX 728
WAUCHULA FL 33873****FILED**
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90344 043 ****50.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABLES, CLIFFORD M III, ESQ
551 SOUTH COMMERCE AVENUE
SEBRING FL 33870**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

CR2E083 (4/02)

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIMSLEY, CHARLES M PO BOX 728 WAUCHULA FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIMSLEY, DENISE P PO BOX 728 WAUCHULA FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-18-02

863-773-3135

Date

Daytime Phone #

FACSIMILE TRANSMISSION *Attachment 9-70857*
INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362

#L00000000883

DATE 2-9-00 RECD _____ TIME _____

NAME Charles Grimsley FAX NUMBER 863-773-9741

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 580-7902.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION NUMBER FOR THE ENTITY (IES) SHOWN BELOW. YOU SHOULD RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):

COMPANY NAME: Eagle Properties LLC

EMPLOYER IDENTIFICATION NUMBER (EIN): 59-3421736

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