

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0038984

DOCUMENT # L01000021717

1. Entity Name

WAR EAGLE HOLDING COMPANY, LLC



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5668 STRAND COURT
C/O LANDMARK DEVELOPMENT GROUP
NAPLES FL 34110

Mailing Address

5668 STRAND COURT
C/O LANDMARK DEVELOPMENT GROUP
NAPLES FL 34110

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

NOT APPLICABLE

Applied For

60-0001914

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

PIERCE, CHRISTOPHER
5668 STRAND COURT
C/O LANDMARK DEVELOPMENT GROUP
NAPLES FL 34110

Name
Cohen & Grigsby, P.C.

Street Address (P.O. Box Number is Not Acceptable)
27200 Riverview Center Boulevard

Suite 309

City
Bonita Springs

FL Zip Code
34134

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.

Director (NOTE: Registered Agent signature required when reinstating)

DATE 4/28/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME PIERCE, CHRISTOPHER
STREET ADDRESS 5668 STRAND COURT
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 500017864535
STREET ADDRESS 05/02/03--01017--035
CITY-ST-ZIP **\$0.00

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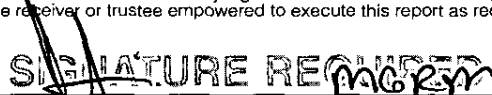
TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 REQUIRED

4/28/03

239-597-8400

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

Date

Daytime Phone #

CR2E083 (10/02)