

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90020 020 \*\*\*\*50.00

**DOCUMENT # L02000011107**



1. Entity Name  
**EAGLE CAPITAL, LLC**

Principal Place of Business  
**9309 OLD KINGS ROAD S STE. 4  
JACKSONVILLE FL 32257**

Mailing Address  
**9309 OLD KINGS ROAD S STE. 4  
JACKSONVILLE FL 32257**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**4525 S. Atlantic Avenue**

3. Mailing Address  
**4525 S. Atlantic Avenue**

Suite, Apt. #, etc.  
**Unit #1602**

Suite, Apt. #, etc.  
**Unit #1602**

City & State  
**Ponce Inlet, FL**

City & State  
**Ponce Inlet, FL**

4. FEI Number  
**38-3649932**

Applied For  
Not Applicable

Zip Country  
**32127 USA**

Zip Country  
**32127 USA**

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent  
**HEAD, KOKO  
9309 OLD KINGS ROAD S STE. 4  
JACKSONVILLE FL 32257**

Name  
**Palmetto Charter Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**150 Magnolia Avenue**

City Zip Code  
**Daytona Beach, FL 32114**

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 John P. Ferguson, Esquire  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE  
**1/29/03**

**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 ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **COLE, DAVID PHILLIP**  
CITY-ST-ZIP **4525 S ATLANTIC AVE UNIT 1602  
PONCE ISLET FL 32127**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1-28-03 (386) 761-4871**

CR2E083 (10/02)