

FILED  
May 16, 2002 8:00 am  
Secretary of State

05-16-2002 90051 049 \*\*\*158.75

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

**DOCUMENT #**

1. Entity Name

CAGLE'S Cove II Inc.  
LO7868

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

CAGLE'S Cove II Inc

Suite, Apt. #, etc.

5615 OLEANDER AVE

City & State

Fort Pierce, FL

Zip

34982

Country

USA

3. Mailing Address

5615 OLEANDER AVE

Suite, Apt. #, etc.

City & State

Fort Pierce, Florida

Zip

34982

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

45-0143318

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Shirley T. CAGLE

Street Address (P.O. Box Number is Not Acceptable)

5615 OLEANDER

FT. PIERCE, FL

City

FL

Zip Code

34982

**DO NOT WRITE  
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P  
NAME PRESIDENT  
STREET ADDRESS Shirley T. CAGLE  
CITY-ST-ZIP 5615 OLEANDER AVE  
FT. PIERCE, FL 34982

TITLE V  
NAME JAMES CAGLE  
STREET ADDRESS 5615 OLEANDER AVE  
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE T  
NAME Shirley T. CAGLE  
STREET ADDRESS 5615 OLEANDER AVE  
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE S  
NAME JAMES CAGLE  
STREET ADDRESS 5615 OLEANDER AVE  
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

1-772-464  
5736

Daytime Phone

CR2E034B (12/01)