

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L14784

1. Entity Name

EAGLE SYSTEMS, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90070 030 \*\*\*150.00

Principal Place of Business

Mailing Address

SAWGRASS DR W  
O BOX 1802  
VEDRA BEACH FL 32004

KENNETH CREWS  
1612 BRIAN WAY  
ST. AUGUSTINE FL 32086-9202

2. Principal Place of Business

10036 Sawgrass Dr. W.

Suite, Apt. #, etc.

P.O. Box 1802

City & State

Porto Vedra Bch, FL

Zip

32084

Country

St. Johns

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2975817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CREWS, KENNETH  
1612 BRIAN WAY  
ST. AUGUSTINE FL 32084

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

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)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME CREWS, KENNETH  
STREET ADDRESS 1612 BRIAN WAY  
CITY-ST-ZIP ST AUGUSTINE FL 32086

☐ Delete

TITLE VD  
NAME COPELAND, RICHARD  
STREET ADDRESS 1612 BRIAN WAY  
CITY-ST-ZIP ST AUGUSTINE FL 32086

☐ Delete

TITLE VD  
NAME DRAPER, HAROLD  
STREET ADDRESS 1618 BRIAN WAY  
CITY-ST-ZIP ST AUGUSTINE FL 32086

☐ Delete

TITLE STD  
NAME DRAPER, STEVE  
STREET ADDRESS 1618 BRIAN WAY  
CITY-ST-ZIP ST AUGUSTINE FL 32086

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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: Richard A. Copeland  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00  
Date

904/285-9181  
Daytime Phone #

CR2E034 (9/99)