

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90657 047 ***150.00

DOCUMENT # L72730

1. Entity Name
EAGLE PRESS, INC. OF THE TREASURE COAST



Principal Place of Business
%BETTE J. HOFMANN
10764 SOUTH US HWY ONE
PORT ST. LUCIE FL 34952

Mailing Address
%BETTE J. HOFMANN
10764 SOUTH US HWY ONE
PORT ST. LUCIE FL 34952



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1290 SW Biltmore St

3. Mailing Address
1290 SW Biltmore St

Suite, Apt. #, etc.
Suite I

Suite, Apt. #, etc.
Suite I

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

Zip
34983

Country
USA

Zip
34983

Country
USA

4. FEI Number
65-0209825

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFMANN, BETTE J
~~10764 SOUTH US HWY ONE~~
~~PORT ST. LUCIE FL 34952~~

Name

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

1290 SW Biltmore St.
Suite I

City
Port St. Lucie

FL

Zip Code
34983

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 *Bette J. Hofmann*

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

(NOTE: Registered Agent signature required when reinstating)

3-7-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOFMANN, CHRISTIAN J. ☐ Delete
~~10764 S US ONE~~
PORT ST. LUCIE FL 34952 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1290 SW Biltmore St., Suite I
Port St. Lucie, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOFMANN, BETTE J. ☐ Delete
~~10764 S US ONE~~
PORT ST. LUCIE FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1290 SW Biltmore St., Suite I
Port St. Lucie, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bette J. Hofmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)