## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L9300000248  1. Entity Name DOUBLE EAGLE SYSTEMS, L.C.					SECRETARY OF S DIVISION OF CORPOR	IATE ATIONS	
Principal Place of Business Mailing Address					00 MAR -6 AM 11: 42		
4401 S.E. 15TH AVE. 4401 S.E. 15TH AVE.						76	
CAPE CORAL FL 33904 CAPE CORAL FL 33904-8649			49				
					1 1981 201 201 1819 1910 2010 2010 2010 2010 20	nio <b>en</b> ion <b>an</b> on <b>de</b> nio st <b>a</b> vi i	
Principal Place of Business     A. Mailing Address							
2. Principal race of Business 5. Mailing Addre		S. Walling Address	iddie55				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & Chata				<u></u>	4. FEI Number	I An	plied For
City & State		City & State		65-0435500	<u> </u>	t Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$5.00 Additional		
	C. Name and Address of Courses	Posistered Agent		<del></del> -	7. Name and Address of New Regis	Fee Required	<del></del>
6. Name and Address of Current Registered Agent				Name			
DALTON, DENNIS				Street Address (P.O. Box Number is Not Acceptable)			
4401 S.E. 15TH AVE.				Street Address (F.O. Box Number is Not Acceptable)			
CAPE CORAL FL 33904							
				City		FL Zip Code	, –
P. The above	named entity submits this statement fo	r the nurnose of changing its r	enister	ed office or registe	red 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							
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of							
9.	MANAGING MEMB		10.	<del> </del>	ADDITIONS/CH.	ANGES Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/M PELLOT, DALE 4864 SHERRY LANE FT. MYERS FL 33908	□ Delete			rf 3/20/00	tuange	Activo
TITLE MAME STREET ADDRESS CITY-SI-21P	M GEAR, ROBERT 6323 CORPORATE COURT SW FT. MYERS FL 33919	☐ Deliste	•		() 1000031 -03/21/0	□ Change 78271-	
TITLE	M/M	☐ Delete	TITL		- <del></del>	(1) *******	Addition
NAME	DALTON, DENNIS		NAM	E ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	4401 S.E. 15TH AVE. CAPE CORAL FL 33904			- ST-ZIP			
TITLE	DATE CORAL FL 33904		TITL			Change	
NAME		<del></del>	NAM				{
STREET ADDRESS				ET ADDRESS			
COTY- ST- ZIP			-	- 8T-ZIP	<u> </u>		Addition
TITLE NAME		☐ Delete	TITL			ा जावाप्रह	venenn
STREET ADDRESS			STRE	ET ADDRESS			
CSTY- ST- ZIP			+	· 8T- ZIP			
TITLE		☐ Delate	TITLE			Change	noithba
NAME F STREET ADDRESS			NAM STRE	E Et address			Ì
CITY- 81- ZIP				-ST-ZIP			
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for that my signature shall have the	the exe	mption stated in Se legal effect as if r	ection 119.07(3)(i), Florida Statutes. I furt made under oath; that I am a managing	her certify that the in member or manage	formation r of the
limited lia	bility company or the receiver or trustee	empowered to execute this	epolyas	required by Chap	made under oath; that I am a managing oter 608, Florida Statutes.	3	1