

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L93000000248

1. Entity Name

DOUBLE EAGLE SYSTEMS, L.C.

FILED

01 APR -9 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4401 S.E. 15TH AVE.  
CAPE CORAL FL 33904

4401 S.E. 15TH AVE.  
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0435500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALTON, DENNIS  
4401 S.E. 15TH AVE.  
CAPE CORAL FL 33904

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME M/M PELLOTT, DALE ☐ Delete  
STREET ADDRESS 4864 SHERRY LANE  
CITY-ST-ZIP FT. MYERS FL 33908

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

TITLE NAME M GEAR, ROBERT ☐ Delete  
STREET ADDRESS 6323 CORPORATE COURT SW  
CITY-ST-ZIP FT. MYERS FL 33919

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300004017153--7  
CITY-ST-ZIP -04/19/01--01021--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME M/M DALTON, DENNIS ☐ Delete  
STREET ADDRESS 4401 S.E. 15TH AVE.  
CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 #

3/21/01 (941) 345 5778

CR2E083 (11/00)