

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000248

1. Entity Name

DOUBLE EAGLE SYSTEMS, L.C.

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90085 019 \*\*\*\*50.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0435500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00**  
Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: N.A.

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

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

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:

*Dale Pellet M/M*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-29-02 941574-5555

CR2E083 (9/01)