## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # L98155** 1. Entity Name EAGLE CONCRETE SYSTEMS, INC. 01-18-2000 90135 038 \*\*\*150.00 Principal Place of Business Mailing Address 3422 WILLARD STREET P.O. BOX 60762 FORT MYERS FL 33906-6762 FT. MYERS FL 33916 701413 2. Principal Place of Business 3. Mailing Address 3430 Willard Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0219199 Not Applicable <u>Fort Myers.</u> Florida Zìp Country \$8.75 Additional 33916 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sanders, William B. SANDERS, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 2100 SAFE HARBOUR CT ALVA FL 33920 3628 <u>Heritage Lane</u> Zip Code Fort Myers 33908 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **▼** Change ☐ Delete TITLE TITLE SANDERS, WILLIAM, BARDLE, NAME NAME Sanders, William B. STREET ADDRESS 2100 SAFE HARBOUR COURT STREET ADDRESS 3628 Heritage Lane 33908 CITY-ST-ZIP CITY-ST-ZIP ALVA FL Fort Myers, Fl · . . Addition Change TITLE ☐ Delete TITLE SANDERS, WILLIAM BRADLE Sanders, William B. NAME NAME 3628 Heritage Lane 2100 SAFE HARBOUR COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fort Myers, Fl. 33908 ALVA FL ☐ Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

TI 10-00 (941) 337-1972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #