

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0016430 AB

DOCUMENT # M98000000740

1. Entity Name

EAGLE ONE INVESTMENTS, LLC

00 MAY -6 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1500 E. WASHINGTON 208 S. 10WA  
WASHINGTON IA 52353-0886

Mailing Address

1500 E. WASHINGTON 208 S. 10WA  
WASHINGTON IA 52353-2101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

208 S. 10WA

Suite, Apt. #, etc.

3. Mailing Address

208 S. 10WA

Suite, Apt. #, etc.

City & State

WASHINGTON, IA

Zip

52353-0886

Country

USA

City & State

WASHINGTON, IA

Zip

52353-0886

Country

USA

4. FEI Number

91-1894621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM SVOBODA, STEVE ☐ Delete  
STREET ADDRESS 504 W. WASHINGTON  
CITY - ST - ZIP WASHINGTON IA 52353

TITLE NAME MGRM PAULSON, DAVE ☐ Delete  
STREET ADDRESS 769 MUNICH DRIVE  
CITY - ST - ZIP BISMARCK ND 58504

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 4000003274134--6  
CITY - ST - ZIP -06/01/00--01084--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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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 REQUIRED  
DAVE PAULSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/24/2000

761-223-5394

Date

Daytime Phone #

CR2E083 (9/99)