

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003273

1. Entity Name

EAGLE TWO OCEANIC, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90712 023 ****61.25

Principal Place of Business

Mailing Address

117 WEST WYNDHAM COURT
LONGWOOD FL 32779

P.O. BOX 915176
LONGWOOD FL 32791-5176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3310945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, WINSTON R.
117 WEST WYNDHAM COURT
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

TEENA DONOVAN

Street Address (P.O. Box Number is Not Acceptable)

219 SHERIDAN

City

LONGWOOD

FL

Zip Code

32750

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.

TEENA S. DONOVAN

(NOTE: Registered Agent signature required when reinstating)

5/6/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DAVIS, WINSTON R
STREET ADDRESS 117 WEST WYNDHAM CT.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☒ Delete
NAME NELSON, WALLY
STREET ADDRESS 10382 COPPER LAKE DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☒ Delete
NAME WEISS, JODY
STREET ADDRESS 103 STEVENAGE CT.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME DONOVAN, TEENA S.
STREET ADDRESS 219 SHERIDAN
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Change ☒ Addition
NAME DONOVAN, JAMES
STREET ADDRESS 219 SHERIDAN
CITY-ST-ZIP LONGWOOD FL 32750

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/02

Date

407-869-6115

Daytime Phone #

CR2E037 (9/01)