

2000 UNIFORM BUSINESS REPORT (UBR)

0042787

DOCUMENT # N95000001208

1. Entity Name

FLORIDA EAGLE SERVICE CORPORATION

Principal Place of Business

426 BAYBERRY DRIVE
LAKE PARK FL 33403

Mailing Address

426 BAYBERRY DRIVE
LAKE PARK FL 33403-3317

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

65-0703728

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIDERS, AVERY T
426 BAYBERRY DRIVE
LAKE PARK FL 33403

Name
MAE W. SIDERS

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

426 BAYBERRY DRIVE

City

LAKE PARK

FL

Zip Code
33403

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

MAE W. SIDERS, President

4-4-2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SIDERS, AVERY T 426 BAYBERRY DRIVE LAKE PARK FL 33403 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIDERS, MAE 426 BAYBERRY DRIVE LAKE PARK FL 33403 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIDERS, ANTHONY 426 BAYBERRY DRIVE LAKE PARK FL 33403 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIDERS, ADRIA T 426 BAYBERRY DRIVE LAKE PARK FL 33403 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAE W. SIDERS 426 BAYBERRY DRIVE LAKE PARK, FL. 33403 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JEFF BAUMER 420 CRESCENT CIRCLE LAKE PARK, FL. 33403 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AVERY T. SIDERS 426 BAYBERRY DRIVE LAKE PARK, FL. 33403 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TERRILL BEASLEY 1420 AVE F RIVIERA BEACH, FL. 33404 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALTHEA GORDON 826 E. TIFFANY DRIVE APT. 2 WEST PALM BEACH, FL. 33411 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

MAE W. SIDERS, President

4-4-2002 561-844-9351

CR2E037 (9/99)

Attachment # N95000001208

APRIL 4, 2002

SECRETARY OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

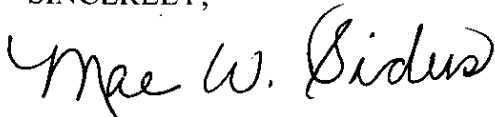
PLEASE FIND ENCLOSED A CHECK IN THE AMOUNT OF \$367.50. THIS IS
~~PAYMENT TO REINSTATE THE BELOW NAMED CORPORATION. RECEIVE~~
THE CERTIFICATE OF STATUS AND A CERTIFIED COPY OF THE ARTICLES
OF INCORPORATION OF THE ORGANIZATION:

FLORIDA EAGLE SERVICE CORPORATION
DN N95000001208
EIN #65-0703028

PLEASE MAIL THIS COPY TO:

ATT: MAE W. SIDERS
FLORIDA EAGLE SERVICE CORPORATION
426 BAYBERRY DRIVE
LAKE PARK, FL. 33403

SINCERELY,



MAE W. SIDERS, PRESIDENT

Attachment # N95 00000 1208

PLEASE.....IF AT ALL POSSIBLE, I NEED THE CERTIFICATE OF STATUS, TO INCLUDE IN A GRANT PACKAGE, BY THE 16TH. THIS IS A REQUIREMENT OF THE PACKAGE.

THANK YOU IN ADVANCE.

If possible for a copy of the Certificate
to (561) 845-8951

Thanks
Mac Sidew
