**2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9500001208

1. Entity Name

## FLORIDA EAGLE SERVICE CORPORATION

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426 BAYBERRY DRIVE 42			Mailing Addre 426 BAYBERRY LAKE PARK FL	DRIVE \		· · ·	4 (AB)(1464 A) B (B)	01 81111 88111 88111 88111 88711 81	11 <b>21</b> 1121 <b>2</b> 11 <b>2</b> 11 <b>20</b>	181 1911 1921
2. Principal F	Place of Business		3. Mailing Add	dress						
Suite, Apt. #, etc.			Suite, Apt.	. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0703728 Applied For					
Zip Country			Zip	ip Country			5. Certificate of Status Desired S8.75 Additional Fee Required			
	2 11			<u> </u>	<del></del>		7 Name and Add	and New Besistered	•	
	b. Name and	Address of Current F	legistered Ager	IT	N.	ame	7. Name and Add	ress of New Registered	Agent = -	
	AVERY T						(P.O. Box Number is N	lot Acceptable)		
	Berry Drive RK FL 33403						· · · · · ·			
i g						ity		FL the State of Florida. I am	Zip Cod	
SIGNATURE	itions of registered	ted name of registered agent an	nd title if applicable.	(NOTE:	Registered Age	nt signature required	d when reinstating)	DATE		
	FILE NOW: F tember 10, 20	EE IS \$61.25 03, min will be \$23		Election Cam Trust Fund Co		cing	\$5.00 May Be Added to Fees	Make Chec Florida Depar		
10.		OFFICERS AND DIR	ECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	RECTORS IN	l 10
TITLE	P	<sub>.</sub> ພ.		Delete	TITLE				Change	☐ Addition
NAME	SIDERS, MAY				NAME			•	4	ļ
STREET ADDRESS	426 BAYBERR				STREET AD					
CITY-ST-ZIP	LAKE PARK F	L 33403			CITY-ST-Z	1P				
TITLE	D IEE	<b>-</b>		Delete	TITLE				☐ Change	Addition
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CITY-ST-ZIP	LAKE PARK F				CITY-ST-Z		. Seemantee			
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NAME	SIDERS, AVER	RY	_	Dolog	NAME			•	,	
STREET ADDRESS					STREET AD	DRESS				
CITY-ST-ZIP	LAKE PARK F	L 33403			CITY-ST-Z	IP				
TITLE	D			Delete .	TITLE				☐ Change	Addition
NAME	BEASLEY, TER				NAME					
STREET ADDRESS	1420 AVENUE				STREET AD					
CITY-ST-ZIP	RIVIERA BEAC	H FL 33404			CITY-ST-Z	IP .				
TITLE	D			Delete					Change	Addition
NAME		F1 4F A	Ш	Detete	TITLE				Change	
	GORDON, ALT		Ц	Delete	NAME	DDEGG			∟ Change	
STREET ADDRESS	826 E. TIFFAN	IY DRIVE APT 2	Ц	Detete	NAME STREET AD	1			·	
STREET ADDRESS CITY-ST-ZIP		IY DRIVE APT 2			NAME Street ad City-St-Z	1			•	Addition
STREET ADDRESS	826 E. TIFFAN	IY DRIVE APT 2		Delete	NAME STREET AD	1	·		. Change	☐ Addition

**FILED** Jul 09, 2003 8:00 am Secretary of State

07-09-2003 90042 027 \*\*\*\*61.25

	Mailir	ng Address	•							
		AYBERRY DRIVE \(\gamma\) PARK FL 33403								
				# (###)  ###############################	ilal alili aalik aalik aalik aalik aali	n 1686ê (1816 <b>48</b>	IBI 1951 19 <b>8</b> 1			
	<b>3.</b> Ma	iling Address								
	Su	uite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
	City & State			4. FEI Number 6	4. FEI Number 65-0703728 Applied For					
ıntry	Zip Co			5 Certificate of Status Desired [1] \$8.75 A				1		
dress of Current Registered Agent			·	7. Name and Address of New Registered Agent						
diess of Culton	it neglaten	so Agent	Name	T. Halle die Ade	or rest ringuistria	901.11.25 4		1		
			Street A	Street Address (P.O. Box Number is Not Acceptable)						
							<del> </del>			
				<u> </u>	FL	Zip Cod	e	1		
s this statement : ent.	for the purp	oose of changing its	registered office o	r registered agent, or both, in	the State of Florida. I am fa	amiliar with,	and accept			
ť										
name of registered ager	nt and title if ap	plicable. (NOTE	: Registered Agent signat	ture required when reinstating)	DATE			}		
IS \$61.25 9. Election Campaign F min will be \$236.25 Trust Fund Contribution				\$5.00 May Be Added to Fees						
FFICERS AND D	DIRECTORS	3	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIF	ECTORS IN	10	1		
).		☐ Delete	TITLE			☐ Change	☐ Addition	189		
RIVE			NAME STREET ADDRESS		•	å)		CR2E037 (4/03)		
3403			CITY-ST-ZIP					2E0		
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RIVE			NAME STREET ADDRESS			•				
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3403			CITY-ST-ZIP		•					
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ΤŢ			NAME STREET ADDRESS							
FL 33404			CITY-ST-ZIP							
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ORIVE APT 2 .CH FL			STREET ADDRESS CITY-ST-ZIP			•				
VIIIE		☐ Delete	TITLE			Change	☐ Addition	1		
			NAME							
			STREET ADDRESS	I				1		

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP