

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90006 020 ***158.75

A0063981

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P0000002442**

1. Entity Name

EAGLE EYE Security + CCTV, Inc

Principal Place of Business

**809 W. Waters Ave
 Tampa FL 33604**

Mailing Address

**809 W Waters Ave
 Tampa FL 33604**

2. Principal Place of Business

**809 W. Waters Ave
 Suite, Apt. #, etc.**

3. Mailing Address

**809 W. Waters Ave
 Suite, Apt. #, etc.**

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

593636225

Applied For

Not Applicable

Zip

33604

Country

U.S.

Zip

33604

Country

U.S.

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARY F. Hoskins
 809 W. Waters Ave
 Tampa FL 33604**

7. Name and Address of New Registered Agent

**GARY F. Hoskins
 Street Address (P.O. Box Number is Not Acceptable)
 809 W. Waters Ave
 City Tampa FL Zip Code 33604**

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 **GARY F. Hoskins, Gary F. Hoskins PRES 4-16-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MICHAEL C. Fisher 3406 Cypress Head Ct Tampa FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy H. Hoskins Secretary 3406 Cypress Head Ct Tampa FL 33618	<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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President GARY F. Hoskins 3406 Cypress Head Ct Tampa FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Nancy H. Hoskins 3406 Cypress Head Ct Tampa FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VICE President RAY BROOKS 6706 Islander Dr Tampa FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. L. Smith MICHAEL C. Fisher 3406 Cypress Head Ct Tampa FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARILYN PEEBLES - Secretary 4418 W. San Miguel Tampa FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **GARY F. Hoskins PRES 4-16-01 813-993-3188**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/100)