

2001 UNIFORM BUSINESS REPORT (UBR)

2/19

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

02-19-2001 90057 036 ***150.00

DOCUMENT # P00000049805

1. Entity Name

DAVID TROY EADDY, INC.

Principal Place of Business

Mailing Address

1651 NORTH KELLEY AVE.
 KISSIMMEE FL

1651 NORTH KELLEY AVE.
 KISSIMMEE FL

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

EIN 59-3643846

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

**EADDY, DAVID T
 4212 LAVENDER WAY
 ST. CLOUD FL 34772**

Name

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

605 EASTERN AVE

City

SAINT CLOUD

FL

Zip Code

34769

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.

01

SIGNATURE

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 **D** ☐ Delete
 NAME **EADDY, DAVID T**
 STREET ADDRESS **4212 LAVENDER WAY 605 EASTERN AVE**
 CITY-ST-ZIP **ST. CLOUD FL 34772 34769**

TITLE **D** ☐ Delete
 NAME **CRUZ, ANNE M**
 STREET ADDRESS **4212 LAVENDER WAY**
 CITY-ST-ZIP **ST. CLOUD FL 34772**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

David Troy Eaddy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-6-01 (407) 891-7259

CR2004 (10/00)