

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90229 040 ***150.00

DOCUMENT # P00000049805

1. Entity Name
DAVID TROY EADDY, INC.



Principal Place of Business
**1651 NORTH KELLEY AVE.
KISSIMMEE FL**

Mailing Address
**PO BOX 701751
ST CLOUD FL 34770-1751**



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 **59-3643846**

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
605 EASTERN AVE
SAINT CLOUD FL 34769**

Name

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

5308 E. IRLO BRANSON MEM. HWY

City

SAINT CLOUD

FL

Zip Code

34771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **EADDY, DAVID T**
STREET ADDRESS **605 EASTERN AVE**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

☒ Change ☐ Addition
NAME **5308 E. IRLO BRANSON MEM. HWY.**
STREET ADDRESS **SAINT CLOUD, FL 34771**
CITY-ST-ZIP

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

☒ Change ☐ Addition
NAME **5308 E. IRLO BRANSON MEM. HWY.**
STREET ADDRESS **SAINT CLOUD, FL 34771**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

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☐ Change ☐ Addition
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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 607, 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

Date

Daytime Phone #

1/22/03

CR2E034 (10/02)