FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90397 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

669760

DOCUMENT # P00000096230

1. Entity Name
BALD EAGLE HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
6829 Greene Road	6829 Greene Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Woodridge, IL	City & State: Woodridge, IL
Zip: 60517 Country: USA	Zip: 60517 Country: USA

4. FEI Number: 582575948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Philip A. Wolff

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

1680 Fruitville Road, Ste. 102

City: Sarasota FL 34236

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January - May 1 Fee is $150.00
After May 1 Fee is $550.00
Reinstatement Fee is $500.00
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	PSD
NAME	Gerald W. Thomas
STREET ADDRESS	6829 Greene Road
CITY-ST-ZIP	~~Woodridge, IL 60517~~
TITLE	VPTD
NAME	Rose C. Thomas
STREET ADDRESS	6829 Greene Road
CITY-ST-ZIP	Woodridge, IL 60517
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald W. Thomas 5/1/02 312/269-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #