

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000063465**

1. Entity Name

T-EAGLE CONSTRUCTION, INC.**FILED**
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90136 018 ***150.00

Principal Place of Business

**2320 TERRA CEIA BAY BLVD #102
PALMETTO FL 34221**

Mailing Address

**2320 TERRA CEIA BAY BLVD #102
PALMETTO FL 34221**

90888



DO NOT WRITE IN THIS SPACE

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

65 1118383

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

TONKIN, JAMES H**2320 TERRA CEIA BAY BLVD #102
PALMETTO FL 34221**

Name

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

City

FL

Zip Code

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TONKIN, JAMES H	
STREET ADDRESS	2320 TERRA CEIA BAY BLVD #102	
CITY-ST-ZIP	PALMETTO FL 34221	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OAK, DAVID	
STREET ADDRESS	1869 SANFORD CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34234	

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H TONKIN

Date

Daytime Phone #

CR2E034 (9/01)