

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-29-2002 90006 010 \*\*\*150.00

**DOCUMENT # P01000067774**

1. Entity Name  
**HAWAIIAN EAGLE INC.**

Principal Place of Business

**1970 HWY 87 #102  
NAVARRE FL 32566-1024**

Mailing Address

**PO BOX 6464  
NAVARRE FL 32566**

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

**59-3710729**

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

**SEYDEL, SHANNEN T  
1970 HWY 87 #102  
NAVARRE FL 32566-1024**

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SEYDEL, SHANNEN T**  
STREET ADDRESS **1970 HWY 87 #102**  
CITY-ST-ZIP **NAVARRE FL 32566-1024**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-26-02**

Date

**850-938-4319**

Daytime Phone #

CR2E034 (4/02)

August 26, 2002

Hawaiian Eagle Inc.  
1970 Hwy 87 Suite 102

Mailing Address: P.O. Box 6464  
Navarre, Fl. 32566  
850-939-4319

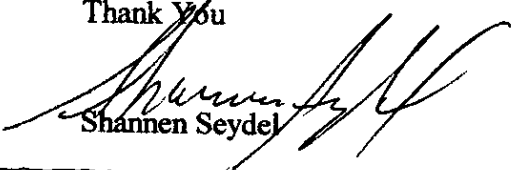
Re: Lost UBR form

Division of Corporations  
Uniform Business report Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Dear Secretary of State,

I have just now received my UBR Form for 2002. I called and talked to a woman at the state dept. and she said a form was mailed out in January of this year. I have never received the first mailing. I have had a lot of problems with the Post Office in Navarre. Things that are sent to the right box never show up. This has happened with my credit card bills and elec. bills. The woman said to send in a check for the \$150 this time. If this is a problem please let me know.

Thank You

  
Shannen Seydel