## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 17, 2002 8:00 am Secretary of State **DOCUMENT#** P01000079498 1. Entity Name 07-17-2002 90129 003 \*\*\*150.00 DOUBLE EAGLE, INC. Principal Place of Business Mailing Address 3188 SAN JOSE STREET 3188 SAN JOSE STREET CLEARWATER FL 33759 CLEARWATER FL 33759 Business 3. Mailing Addre Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State A 4. FELNumber Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOVELACE, WILLIAM K ESQ Street Address (P.O. Box Number is Not Acceptable) 401 S LINCOLN AVE **CLEARWATER FL 33756** City 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 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution: Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition OWEN, HORACE A JR NAME NAME 3188 SAN JOSE STREET STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33759** CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change \_ 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

13. Thereby certify that the information supplied with this filling 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 is 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 custie empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-2IP

NAME

STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

1-13-02

Affachment IL PO 10000 79498 PIVISION OF Corporations UNIFORM BUSINESS PEPORT FILINGS Double Engle INC 8 8. Box 1500 3188 SAN JOSEST TAMMASSEE, 7 32302 - 1500 Cleronter, 71 83959 July 13,2002 CE: Double EAGLE INC FET #: 59- 3738744 TENTEMEN: my the CEO And resuleur of Devole Eagle INC. I HAVE Aned to BILIGENTLY HANDLE ALL MATTERS REGARDING filings with the Department Infrations. ONEHOW I NEVER RECEIVED the Prov NOTICE marled to my comporation THE LANE fee. I HAVE enclosed the MEN I will receive the necessary decomens IN A temely mounter. incerd. my place # 15: 727439-3955