FILED
Aug 21, 2002 8:00 am
Secretary of State
07-15-2002 90195 028 ***150.00
08-21-2002 90049 024 ***400.00

7/15

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084799

1. Entity Name
EAGLE SALES, INC. [redacted]

DO NOT WRITE IN THIS SPACE

12392 [redacted]

2. Principal Place of Business	3. Mailing Address
6944 PALMETTO CIRCLE SOUTH	6944 PALMETTO CIRCLE SOUTH
Suite, Apt. #, etc. #315	Suite, Apt. #, etc. #315
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33433 Country USA	Zip 33433 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1132130 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: DAVID ALAN FRANKEL
Street Address (P.O. Box Number is Not Acceptable): 6944 PALMETTO CIRCLE SOUTH #315
City: BOCA RATON FL Zip Code 33433

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] 7/5/2002
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	D
NAME	DAVID ALAN FRANKEL
STREET ADDRESS	6944 PALMETTO CIRCLE SOUTH #315
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] 7/5/2002 561-239-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #