

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90040 011 ***150.00

DOCUMENT # P01000100362

1. Entity Name
YOLANDE EAGLE, INC.

Principal Place of Business
2833 KITBUCK WAY
WEST PALM BEACH FL 33411

Mailing Address
2833 KITBUCK WAY
WEST PALM BEACH FL 33411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11225 Marina Bay Rd
Suite, Apt. #, etc. Wellington
City & State Fla
Zip 33467 Country PBC

3. Mailing Address
11225 Marina Bay Rd
Suite, Apt. #, etc. Wellington
City & State Fla
Zip 33467 Country PBC

4. FEL Number **65-1150878** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
LEVITT, PRESTON C ESQ.
8211 W. BROWARD BLVD.
PENTHOUSE 4
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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 *Yolande Eagle HTH Pres* **DATE** *1/2/02*
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) ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD EAGLE, YOLANDE 2833 KITBUCK WAY WEST PALM BEACH FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11225 Marina Bay Road Wellington FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Yolande Eagle HTH Pres* **Yolande Eagle HTH Pres** **1/2/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)