

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108489

1. Entity Name
AMERICAN EAGLE FINANCE, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91147 032 ***150.00

0083115 AV

Principal Place of Business
1702 SOUTH WASHINGTON AVE
TITUSVILLE FL 32780

Mailing Address
1702 SOUTH WASHINGTON AVE
TITUSVILLE FL 32780

2. Principal Place of Business
615 N. COCOA BLVD
Suite, Apt. #, etc.

3. Mailing Address
4340 CUSHMAN DR
Suite, Apt. #, etc.

City & State
Cocoa, FL

City & State
Mims, FL

4. FEI Number 59-3758767

Applied For
Not Applicable

Zip 32922 Country BREVARD

Zip 32754 Country BREVARD

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

SMITH, GARY R
1570 N HARBOR CITY BLVD
MELBOURNE FL 32935

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME SMITH, GARY R
STREET ADDRESS 175 CRISPIN STREET
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME RICHARD TODD
STREET ADDRESS 4340 CUSHMAN DR
CITY-ST-ZIP Mims, FL 32754

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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

5/1/03 321-639-7070
Date Daytime Phone #

CR2E034 (10/02)