

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000121249

FILED
Feb 12, 2003
Secretary of State

Entity Name: EAGLE EYE RESEARCH, INC.

Current Principal Place of Business:

6423 LARMON STREET
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2403
LUTZ, FL 33548

New Mailing Address:

POST OFFICE BOX 340546
TAMPA, FL 33694

FEI Number: 01-0574155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTENS, KATHERINE
6423 LARMON STREET
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MARTENS, KATHERINE
Address: 6423 LARMON STREET
City-St-Zip: TAMPA, FL 33634

Title: VPTD () Delete
Name: VALDEZ, ELIZABETH
Address: P.O. BOX 2403
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE MARTENS

PRES

02/12/2003

Electronic Signature of Signing Officer or Director

_____ Date