

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90099 050 \*\*\*150.00

**DOCUMENT # P01000122395**

1. Entity Name  
**C.G. FEAGLE PROPERTIES, INC.**

Principal Place of Business Mailing Address  
**RT 3, BOX 120 LAKE CITY FL 32025**      **RT 3, BOX 120 LAKE CITY FL 32025**

2. Principal Place of Business 3. Mailing Address  
**416 Highway 19 North**      **1569 PO Box 1569**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **Cross City FL**      City & State **Cross City FL**      4. FEI Number **80-0003458**      Applied For  Not Applicable   
 Zip **32628**      Country **USA**      Zip **32628**      Country **USA**      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  
**FEAGLE, CLAY G**      Name **Clay Feagle**  
**RT 3, BOX 120**      Street Address (P.O. Box Number is Not Acceptable) **416 Highway 19 North**  
**LAKE CITY FL 32025**      City **Cross City**      **FL**      Zip Code **32628**

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 *Clay Feagle*      **Clay Feagle President**      DATE **4-22-02**  
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	<b>President</b> <b>Clay Feagle</b> <b>419 Highway 19 North</b> <b>Cross City FL 32628</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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)(f), 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: *Clay Feagle*      **Clay Feagle**      Date **4-22-02**      Daytime Phone # **352 498 0405**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)