

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90063 008 ***150.00

DOCUMENT # P02000006370

1. Entity Name
EAGLE HOMES, INC.



Principal Place of Business
**1138 LAKEWOOD CIRCLE EAST
LAKELAND FL 33801**

Mailing Address
**POST OFFICE BOX 92511
LAKELAND FL 33804**



2. Principal Place of Business

508 Sharon Hill Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Zip

33880

Country

POL

Zip

Country

4. FEI Number

02-0543389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WEST, RICHARD
1138 LAKEWOOD CIRCLE EAST
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name **Richard West**
Street Address (P.O. Box Number is Not Acceptable)
508 Sharon Hill Court
City **Winter Haven** **FL** Zip Code **33880**

8. I, 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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **P** ☒ Delete
NAME **WEST, RICHARD**
STREET ADDRESS **1138 LAKEWOOD CIRCLE EAST**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Richard West**
STREET ADDRESS **508 Sharon Hill Court**
CITY-ST-ZIP **Winter Haven, FL 33880**

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

TITLE ☐ Change ☐ Addition
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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

1/8/03

Date

221-5389

Daytime Phone #

CR2E034 (10/02)