

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90126 031 ***150.00

0423132 AV

DOCUMENT # P02000016942

1. Entity Name
EAGLE II REAL ESTATE, INC.



Principal Place of Business
**7950 S. MILITARY TRAIL, STE. 204
LAKE WORTH FL 33463**

Mailing Address
**7950 S. MILITARY TRAIL, STE. 204
LAKE WORTH FL 33463**

2. Principal Place of Business
9804 S. Military Trail E-10
Suite, Apt. #, etc.

3. Mailing Address
9804 S. Military Trail E-10
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach FL

City & State
Boynton Beach FL

4. FEI Number Applied For
 Not Applicable

Zip
33436

Country
USA

Zip
33436

Country
USA

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **George W. Mathews III**
Street Address (P.O. Box Number is Not Acceptable)
1325 South Congress Ave. Suite 104
City **Boynton Beach FL** Zip Code **33426**

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 **GEORGE W. MATHEWS III** DATE **1/9/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	BASILOVECCHIO, CARMEN	9804 S. MILITARY TRAIL E-10	BOYNTON BEACH FL 33436	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **CARMEN BASILEVECCHIO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/09/03** Daytime Phone # **561-238-5188**

CR2E034 (10/02)