2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

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| DOCUMENT # | P02000016942 | _ > |
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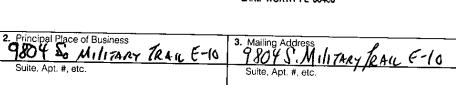
 Entity Name EAGLE II REAL ESTATE, INC.



Jan 13, 2003 8:00 am Secretary of State

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

Mailing Address 7950 S. MILITARY TRAIL, STE. 204





FILED

01-13-2003 90126 031 ***150.00

☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For OYNTON Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEORGE NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301 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 the obligations of registered agent GEORGE W. MATHEWS II SIGNATURE Signature, typed o tle if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition BASILOVECCHIO, CARMEN NAME STREET ADDRESS 9804 S. MILITARY TRAIL E-10 STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all ther like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE

10.

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

CR2E034 (10/02)