

FILED  
Feb 20, 2003 8:00 am  
Secretary of State

02-03-2003 90055 023 \*\*\*158.75

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040065

1. Entity Name  
EAVES AND ZECHIEL INC. ALUMINUM CONSTRUCTION ENGINEERS



Principal Place of Business  
4316 NEW RIVER HILLS PARKWAY SUITE 11  
VALRICO FL 33594

Mailing Address  
4316 NEW RIVER HILLS PARKWAY SUITE 11  
VALRICO FL 33594

55008893



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3670631

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC.  
218 SOUTHERN COUNTRY LANE  
QUINCY FL 32351

MARKHAM R. EAVES

Street Address (P.O. Box Number is Not Acceptable)

4316 New River Hills Parkway # 11

City

Valrico, FL

FL

Zip Code

33594

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

MARKHAM R. EAVES, President

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

(NOTE: Registered Agent signature required when registering)

1/30/03

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 PD  
NAME EAVES, MARKHAM R  
STREET ADDRESS 4316 NEW RIVER HILLS PARKWAY SUITE 11  
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE DST  
NAME ZECHIEL, KENNETH C  
STREET ADDRESS 4316 NEW RIVER HILLS PARKWAY SUITE 11  
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: MARKHAM R. EAVES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 (813) 293-0491

Date

Daytime Phone #

CR2E034 (10/02)