## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 07, 2003 8:00 am Secretary of State

DOCUMENT # P02000070592  1. Entity Name EAGLE ENVIRONMENTAL ENTERPRISE, INC.				03-14-2003 900	051 047 ***1:	50.00	
Principal Place of Business 621 6TH TERRACE PALM BEACH GARDENS, FL 33418	Mailing Address 621 6TH TERRACE PALM BEACH GARDENS, I	FI 3341					
TALE DESCRIPTION OF THE STATE	FALIT BEACH GAADERS, I	16 3341	О				
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State City & State				13		pplied For of Applicable	1
Zip: Country-	Zip	Count	ry	5. Certificate of Status Desired	¢Ω 75 ad	ditional	
6. Name and Addre	as of Current Registered Agent			7. Name and Address of New Regist	ered Agent		
M.F. & ASSOCIATES, INC. 11380 PROSPERITY FARMS ROAD				P.O. Box Number is Not Acceptable)	3 Have		
#112 PALM BEACH GARDENS, FL 33410			6216	en Terrace	<del>.</del>		
			CIV POLY	~ Beach Gardens	FL Zig Coo	te (1) 8	
The above named entity submits this the obligations of registered agent.	is statement for the purpose of changing its	registere	d office or register			, and accept	ĺ
- 9-0 -0 - 0	VCILA			16	102		
SIGNATURES	of registered agent and tide if applicable. (NOTI	E: Registere.	I Agentsigname required	when reinstating)	DATE		
FILE NOWH! FRE IS \$150.00 After May 1, 2003 Fee will be \$660.00 Make Check Payebie to Florida Department of State				Election Campaign Financia     Trust Fund Contribution.		00 May Be d to Fees	
	FFICERS AND DIRECTORS . \ Co-	e Din	se Inc.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 11	
TIME DIFECTOR, &	agle Environmental Delete	TITLE			☐ Change	Addition	8
NAME Scanne knowles Hall street address 621 bt terrace			ET ADDRESS			ļ	100
· CITY-ST-ZP Palm Beac			ST-ZIP				CR2E034 (10/02)
TITLE NAME	* 🗀 Delete	TITLE			☐ Change	☐ Addition	CR
STREET ADDRESS CITY-ST-2P		STHE	ET ADDRESS ST - 21P				
INCE TO THE TOTAL	Delete	TITLE	<b>I</b>		☐ Change	"Addition"	
NAME STREET ADDRESS		NAME STREE	ET ADDRESS			}	
City-st-2P		ĊſŶ-	ST-21P				
TITLE NAME	☐ Delein	TITLE	i		Change	Addition	
STREET ADDRESS CITY-ST-2P		STREE	ET ADDRESS S1-ZIP			.	
TITLE	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS		STREE	ET ADDRESS				
CITY-ST-ZP		CITY-	ST-ZIP	<u></u>	Change	- Addition	ı
TITLE NAME	☐ Delete	NAME	l		∐ Change	Addition	ı
STREET ADDRESS City-st-2P		B -	ST-ZIP				
12. I hereby certify that the information	supplied with this filing does not qualify for	r the exer	inption stated in Se	ction 119.07(3)(i), Florida Statutes. I furth	er certify that the i	nformation	
of the corporation or the receiver of	nental report is true and accurate and that r or trustee empowered to execute this report n an address, with all other like empowered.	as requir	ure snall have the s ed by Chapter 607	same legal effect as it made under oath; t , Florida Statutes; and that my name app	inad Lamian Officer ears in Block 10 o	r Block 11 if	
	200	-	•	1/2/02			
SIGNATURE:	Katte x 21111				Davirna Phone #		