

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

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

04-07-2003 90727 023 \*\*\*150.00

0014077 FP

**DOCUMENT # P02000134958**

1. Entity Name

**EAGLE CONSULTANTS, INC.**



Principal Place of Business

12230 - 137 STREET NORTH  
LARGO FL 33774

Mailing Address

12230 - 137 STREET NORTH  
LARGO FL 33774

2. Principal Place of Business

8514 OLD C.R. 54

3. Mailing Address

8514 OLD C.R. 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

Zip

34653

Country

U.S.

Zip

34653

Country

U.S.

4. FEI Number

16-1649074

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

TEEVAN, RONALD P  
200 N GARDEN AVE STE A  
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 ☐ Delete  
NAME D  
STREET ADDRESS ELLIOTT, EDWARD C  
CITY-ST-ZIP 12230 - 137 STREET NORTH  
LARGO FL 33774

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KLEIN, BRUCE A  
CITY-ST-ZIP 1104 LEMON STREET EAST  
TARPON SPRINGS FL 34689

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HOUSEL, WILLIAM D  
CITY-ST-ZIP 7232 OTTER CREEK DR  
NEW PORT RICHEY FL 34655

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HOUSEL, LARRY D  
CITY-ST-ZIP 2620 LAMPLIGHTER DR  
NEW PORT RICHEY FL 34655

TITLE ☐ Delete  
NAME  
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 P.T.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME V.P.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME V.P.  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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

Date

Daytime Phone #

APR 4/03 727-375-1101

CR2E034 (10/02)