FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 23, 2002 8:00 am Secretary of State DOCUMENT # P92000012446 1. Entity Name 09-23-2002 90196 029 ***550.00 EAGLE SALES AND SERVICE, INC. Principal Place of Business Mailing Address 208 ROUSE RD P.O. BOX 5378 FORT PIERCE FL 34946 VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3154078 Not Applicable Zip Country Zip Country \$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 2.3 Name JUSTIN BARNHILL Street Address (P.O. Box Number is Not Acceptable) **741 17TH LANE SW** VERO BEACH FL 32962 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible... FILE NOW!!!. FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE Change NAME BARNHILL, CAMERON NAME STREET ADDRESS 1335 23RD ST SW STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP X Delete TITLE VP ☐ Change ☐ Addition NAME BARNHILL, JUSTIN NAME STREET ADDRESS 547 EAST CAUSEWAY BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE. Delete Change TITLE Addition Barnhill 23 28 8 5 8W NAME BARNHILL, ED NAME STREET ADDRESS STREET ADDRESS 5102 INDIAN BEND LN CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34951 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADORESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

CEO:

time Ohana #

☐ Change

Addition

CR2E034 (4/02)