

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90064 049 ***558.75

DOCUMENT # P93000058184

1. Entity Name

EAGLE OIL CORPORATION 390

Principal Place of Business

Mailing Address

PO DRAWER 8
 DOCTORS INLET FL 32030
 US

PO DRAWER 8
 DOCTORS INLET FL 32030-0008
 US

2. Principal Place of Business

3. Mailing Address

42 Sleepy Hollow Road

P.O. Box. 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Middleburg, FL

City & State
 Doctors Inlet, FL

4. FEI Number
59-3206094

Applied For
 Not Applicable

Zip
 32068

Country
 USA

Zip
 32030

Country
 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY
 225 WATER ST
 SUITE 1800
 JACKSONVILLE FL 32202

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	ASHBY, GEORGE JR.	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EYRICK, PETER	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GAINEY, TONI	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KOSCIANSKI, MARILYN	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	RDM	<input checked="" type="checkbox"/> Delete
NAME	BENDER, STEVEN	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ashby, George H. Jr.	
STREET ADDRESS	42 Sleepy Hollow Road	
CITY-ST-ZIP	Middleburg, FL. 32068	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LaMont, Charles A.	
STREET ADDRESS	42 Sleepy Hollow Road	
CITY-ST-ZIP	Middleburg, FL. 32068	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coogan, Clark	
STREET ADDRESS	42 Sleepy Hollow Road	
CITY-ST-ZIP	Middleburg, FL. 32068	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alfred, Alicia	
STREET ADDRESS	42 Sleepy Hollow Road	
CITY-ST-ZIP	Middleburg, FL. 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: George H. Ashby, Jr. CONTACT: CLARK COOGAN 2/1/00 (904) 272-9548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #