

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P93000058184

1. Entity Name
EAGLE OIL CORPORATION



FILED
03 NOV 24 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
42 SLEEPY HOLLOW RD.
MIDDLEBURG, FL 32068 US

Mailing Address
42 SLEEPY HOLLOW RD
MIDDLEBURG, FL 32068 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3206094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKBURN, DENNIS L
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE, FL 32256

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Amended UBR is \$61.25
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | C/P | <input type="checkbox"/> Delete |
|----------------|-----------------------|--|
| NAME | ASHBY, JR, GEORGE H | |
| STREET ADDRESS | 42 SLEEPY HOLLOW ROAD | |
| CITY-ST-ZIP | MIDDLEBURG, FL 32068 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | DIXON, DEBRA L | |
| STREET ADDRESS | 42 SLEEPY HOLLOW ROAD | |
| CITY-ST-ZIP | MIDDLEBURG, FL 32068 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | ALFRED, ALICIA F | |
| STREET ADDRESS | 42 SLEEPY HOLLOW ROAD | |
| CITY-ST-ZIP | MIDDLEBURG, FL 32068 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------------|--|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Exec VP, COO |
| STREET ADDRESS | Chris St. Germain |
| CITY-ST-ZIP | 42 Sleepy Hollow Road |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Treasurer |
| STREET ADDRESS | Debra L Dixon |
| CITY-ST-ZIP | 42 Sleepy Hollow Road |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Secretary |
| STREET ADDRESS | Alicia F Alfred |
| CITY-ST-ZIP | 42 Sleepy Hollow Road |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)