DOCUMENT # P93000078031

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90464 033 ***150.00

1. Entity Name
EAO, INC.

2001

Principal Place of Business	Mailing Address
168 MARINA DEL REY CT CLEARWATER FL 33767 US	168 MARINA DEL REY CT CLEARWATER FL 33767 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13979 Barbados Dr Suite, Apt. #, etc.	13979 Barbados Dr Suite, Apt. #, etc.
City & State: Seminole FL	City & State: Seminole FL
Zip: 33776 Country: Pinellas	Zip: 33776 Country: Pinellas

4. FEI Number 59-3209621 ☐ 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
CAREY, JOANN S 168 MARINA DEL REY COURT CLEARWATER FL 33767	Name: JoAnn S Carey Street Address (P.O. Box Number is Not Acceptable): 13979 Barbados Dr. City: Seminole FL Zip Code: 33776

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: JoAnn S. Carey 4-28-01
Signature, typed or printed name of registered agent and title if applicable (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CAREY, JOANN S 168 MARINA DEL REY CT CLEARWATER FL 33767	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD JoAnn S Carey 13979 Barbados Dr. Seminole, FL 33776	☒ Change ☐ Addit
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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.

(727)

SIGNATURE: JoAnn S Carey JoAnn S. Carey, Pres. 4/25/01 596-5318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #