2000 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P94000020030** GOLD EAGLE ENTERPRISES, INC. 04-28-2000 90043 046 ***150.00 Principal Place of Business Mailing Address 1740 N PARK AVE 1740 N PARK AVE BARTOW FL 33830-3141 BARTOW FL 33830 US 3. Mailing Address 2. Principal Place of Business CENTURY BLVD 3604-C 3604-C CENTURY BLVD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3230170 AKELAND. LAKELAND Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BIRGE, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 1740 N PARK AVE BARTOW FL 33830 AKELAND 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. □ Delete TITLE TITLE BIRGE, THOMAS A NAME 3604-C CENTURY BLUD STREET ADDRESS 1740 N PARK AVE STREET ADDRESS 33811 LAKELAND, FL CITY-ST-ZIP CITY-ST-ZIP BARTOW FL ☐ Addition VPS. ☐ Delete BIRGE, RUTH NAME 3604-C CENTURY BLUD. STREET ADDRESS 1740 N PARK AVE STREET ADDRESS LAKELAND, FL 3381 CITY-ST-ZIP CITY-ST-ZIP **BARTOW FL** ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 of rustee 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/20/00

863-648-0005

Daytime Phone #

☐ Change

Addition