2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE

an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # **P94000020030** GOLD EAGLE ENTERPRISES, INC. 04-10-2001 90144 050 ***150 00 Principal Place of Business Mailing Address 3604-C CENTURY BLVD 3604-C CENTURY BLVD LAKELAND FL 33811 LAKELAND FL 33811 00033951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3230170 Not Applicable Zip Country Zip Country \$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 BOLSER BIRGE, THOMAS A-3604-C CENTURY BLVD LAKELAND FL 33811 City LAKELAND 8. The above named entity sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 4/5/01 SIGNATURE _ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. (10/00)☐ Change Dalete Addit on TITLE NAME NAME BIRGE, THOMAS A STREET ADDRESS STREET ADDRESS 3604-C CENTURY BLVD CITY - ST-ZiP CITY-SI-ZIP LAKELAND FL 33811 Addition TITLE **VPS** 🗹 Delete TITLE NAMS BIRGE, RUTH STREET ADDRESS STREET ADDRESS 3604-C CENTURY BLVD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33811 SCOTT BIRGE PRES. 1304-C CENTURY BIND. TITLE 🏋 Change □ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS LAKELAND, FL 33811 CITY-ST-ZIP CITY-ST-ZIP LISA J. YENCSO VPS - Delete 🔀 Change Aecition TIFLE TIFLE NAME 3604-C CENTURY BLVD. STREET ADORESS STREET ADDRESS LAKELAND, FL. 33811 CITY-ST-ZIP CITY - ST- ZIP Delete 517LS ☐ Chande ☐ Addition Т:Т. Г NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition. TITLE NAME NAM5 STREET ADDRESS STREET ADDRESS CITY-S1-ZP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 eath; 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 or