5/7

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-07-2002 90370 003 ***150.00

- 34441

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000047982

1. Entity Name

EAGLE ATLANTIC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
ROUTE 3, BOX 4477 FORT WHITE FL 32038 US	ROUTE 3, BOX 4477 FORT WHITE FL 32038 US

2. Principal Place of Business	3. Mailing Address
Hwy 100 & Baya Ave	P.O. Box 3247
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE City, Fl.	City & State: LAKE CITY, Fl.
Zip: 32025 Country: USA	Zip: 32056 Country: USA

4. FEI Number 59-3256154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMENTS, SHELLANA P
ROUTE 3, BOX 4477
FORT WHITE FL 32038

7. Name and Address of New Registered Agent

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
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, 2002 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	D CLEMENTS, SHELLANA P. RT 3 BOX 4477 FORT WHITE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMENTS, THOMAS W SR ROUTE 3, BOX 4477 FORT WHITE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: [signature] 5-29-02 (386) 758-9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #