

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90265 012 ***150.00

DOCUMENT # P94000059681

1. Entity Name
EAGLE NEST PROPERTIES, INC.

Principal Place of Business Mailing Address
 15175 EAGLE NEST LN SUITE 104 15175 EAGLE NEST LN SUITE 104
 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
851 N. Downelly St. **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
MT. DORA, FL **65-0523963** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32252 **FL**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, JOHN P. JR. 15175 EAGLE NEST LANE STE. 104 MIAMI LAKES FL 33014	Name Street Address (P.O. Box Number is Not Acceptable) 851 N. Downelly St. City MT. DORA FL Zip Code 32252

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: *John P. Davis* **John P. Davis, President** **4-20-01**
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, 2001 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	DP DAVIS, JOHN P JR 15175 EAGLE NEST LN SUITE 104 MIAMI LAKES FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 851 N. Downelly St. MT. DORA, FL 32252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, HARRIET H 15175 EAGLE NEST LN SUITE 104 MIAMI LAKES FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 851 N. Downelly St MT. DORA, FL 32252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, J PAUL 15175 EAGLE NEST LN SUITE 104 MIAMI LAKES FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 851 N. Downelly St. MT. DORA, FL 32252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, H CAMERON 15175 EAGLE NEST LN SUITE 104 MIAMI LAKES FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 851 N. Downelly St MT. DORA, FL 32252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John P. Davis* **John P. Davis, Pres** **4/20/01** **352-225-6528**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)