

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059681

1. Entity Name

EAGLE NEST PROPERTIES, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90265 012 ***150.00

Principal Place of Business

15175 EAGLE NEST LN SUITE 104
MIAMI LAKES FL 33014

Mailing Address

15175 EAGLE NEST LN SUITE 104
MIAMI LAKES FL 33014

2. Principal Place of Business

851 N. DONNELLY ST.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MT. DORA, FL

City & State

4. FEI Number

65-0523963

Applied For

Not Applicable

Zip

32252

Country

USA

Zip

Country

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

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. DONNELLY 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	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	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	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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
851 N. DONNELLY ST. MT. DORA, FL 32252	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
851 N. DONNELLY ST. MT. DORA, FL 32252	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
851 N. DONNELLY ST. MT. DORA, FL 32252	
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"/> 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)