

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066168

1. Entity Name

PEGASUS ENGINEERING SERVICES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90052 013 \*\*\*150.00

Principal Place of Business

13205 U.W. HWY ONE  
 SUITE 542  
 JUNO BEACH FL 33408  
 US

Mailing Address

13205 US HWY ONE  
 SUITE 542  
 JUNO BEACH FL 33408-2243  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0531981

Applied For

Not Applicable

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

EASON, LINDA  
 13205 US HWY ONE  
 SUITE 542  
 JUNO BEACH FL 33408

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	EASON, LINDA	
STREET ADDRESS	13205 US HWY ONE SUITE 542	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EASON, MICHAEL	
STREET ADDRESS	13205 US HWY ONE SUITE 542	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINUCANE, JAMES	
STREET ADDRESS	13205 US HWY ONE SUITE 542	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Linda J. Eason  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 (561) 691-9585  
 Date Daytime Phone # X162

CR2E034 (9/99)