

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066168

1. Entity Name
PEGASUS ENGINEERING SERVICES, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90055 004 ***558.75

0072611 AV

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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13205 U.S. HWY ONE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0531981

☒ Applied For
☐ Not Applicable

Zip Country

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

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 *Linda J. Eason* LINDA J. EASON

9/5/01

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME EASON, LINDA
STREET ADDRESS 13205 US HWY ONE SUITE 542
CITY-ST-ZIP JUNO BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME EASON, MICHAEL
STREET ADDRESS 13205 US HWY ONE SUITE 542
CITY-ST-ZIP JUNO BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☒ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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: *Linda J. Eason* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/01 (561) 691-9585 EXT 102 Date Daytime Phone #

CR2E034 (5/01)