2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBA P94000068908 DOCUMENT

1. Entity Name

DOUBLE EAGLE RETAIL CORPORATION

FILED Sep 19, 2003 8:00 am Secretary of State 09-19-2003 90002 022 ***550.00

3. Mailing Address				1 1 16113 1 1 11 9 18711 41811 8981 88811 81	JUS BALSO OLI	61 (414 8 10)14 1	10101 <u>1011 1601</u>	
Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	City & State			4. FEI Number 59-3270724			plied For t Applicable	
Zip	Country		5. (Certificate of Status Desired				
rrent Registered Agent	egistered Agent			7. Name and Address of New Registered Agent				
		Name						
ratcliffe, jack			Street Address (PO, Box Number is Not Acceptable)					
9329 E ADAMO DR			33 (1.0. 13	ox Hambor to Hot Recoptable)				
							}	
	City				FL	Zip Code	e	
ent for the purpose of char	nging its register	ed office or regis	stered ag	ent, or both, in the State of Florida	a. I am far	niliar with,	and accept	
d agent and title if applicable.	(NOTE: Registere	ed Agent signature requ	uired when re	einstating)	DATE			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State			<u> </u>	Election Campaign Financ Trust Fund Contribution.	cing		0 May Be to Fees	
AND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	
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	33. Mailing Addres 3. Mailing Addres Suite, Apt. #, e City & State Zip Irrent Registered Agent Description of State AND DIRECTORS De De	33. Mailing Address Suite, Apt. #, etc. City & State Zip Cour Trent Registered Agent Delete AND DIRECTORS Delete TITL NAM STR CITY Delete	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Interest Registered Agent Name Street Address City And Directors Delete Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 5. 6 City Street Address (P.O. B City Sent of State (NOTE: Registered Agent signature required when recovered agent of State AND DIRECTORS 11. AE STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete	3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF N City & State 4. FEI Number 59-3270724 Zip Country 5. Certificate of Status Desired Irrent Registered Agent 7. Name and Address of New Registered Address (P.O. Box Number is Not Acceptable) City City City Country 5. Certificate of Status Desired Name Street Address (P.O. Box Number is Not Acceptable) City City City Country 7. Name and Address of New Registered Address (P.O. Box Number is Not Acceptable) Position City City City City City City City City City City City City City City City City City City City Position Campaign Finant STREET ADDRESS CITY-ST-2P Deside TITLE NAME STREET ADDRESS CITY-ST-2P Deside TITLE NAME STREET ADDRESS CITY-ST-2P Deside TITLE NAME STREET ADDRESS CITY-ST-2P Deside TITLE NAME STREET ADDRESS CITY-ST-2P Deside TITLE NAME STREET ADDRESS CITY-ST-2P Deside TITLE NAME STREET ADDRESS CITY-ST-2P CITY ST-2P CITY ST-2P Deside TITLE NAME STREET ADDRESS CITY-ST-2P CITY ST-2P Deside TITLE NAME STREET ADDRESS CITY-ST-2P CITY ST-2P Deside TITLE NAME STREET ADDRESS CITY-ST-2P CITY ST-2P Deside TITLE NAME STREET ADDRESS CITY-ST-2P CITY ST-2P Deside TITLE NAME STREET ADDRESS CITY-ST-2P CITY ST-2P CITY ST-2P CITY ST-2P CITY S	Size E ADAMO OR TAMPA FL 33619 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING OF City & State A. FEI Number 59-3270724 Zip Country 5. Certificate of Status Desired F. Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL went for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am far dispersed agent as dise if applicable. (NOTE Registered Agent signature required when released P.D. Box Number is Not Acceptable) O \$750.00 ont of State 9. Election Campaign Financing Trust Fund Contribution. Date Name STREET ADDRESS CITY-ST-ZIP Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRES	Size ADAMO DR TAMPA FL 3619 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3270724 AD Zip Country 5. Certificate of Status Desired \$8.75 Adfres Fee Require Trent Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Country City FL Zip Country City FL Zip Country City FL Zip Country Street Address (P.O. Box Number is Not Acceptable) Desire Name Street Address (P.O. Box Number is Not Acceptable) DATE O \$750.00 ST50.00 9. Election Campaign Financing Trust Fund Contribution Address Address STREET ADDRESS CITY-57-2P Desire TILE MAME STREET ADDRESS CITY-57-2P Desire TILE MAME STREET ADDRESS CITY-57-2P Desire TILE MAME STREET ADDRESS CITY-57-2P Desire TILE MAME STREET ADDRESS CITY-57-2P Desire TILE MAME STREET ADDRESS CITY-57-2P Desire TILE MAME STREET ADDRESS CITY-57-2P Desire TILE MAME STREET ADDRESS CITY-57-2P Desire TILE MAME STREET ADDRESS CITY-57-2P Desire Change MAME STREET ADDRESS CITY-57-2P Desire Change MAME STREET ADDRESS CITY-57-2P Desire Change MAME STREET ADDRESS CITY-57-2P Change Change	

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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

813-621-777-