

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010852

1. Entity Name

EAGLE COPY, INC.

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90008 004 \*\*\*550.00

Principal Place of Business

222 LAKEVIEW AVE SUITE 225  
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE SUITE 225  
WEST PALM BEACH FL 33401

2. Principal Place of Business

1240 U.S. Highway One

3. Mailing Address

1240 U.S. Highway One

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

4. FEI Number

65-0557221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, SEYMOUR S  
222 LAKEVIEW AVE SUITE 225  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Goldstein, Seymour S.

Street Address (P.O. Box Number is Not Acceptable)

1240 U.S. Highway One,

Ste. 1

City

North Palm Beach,

FL

Zip Code

33408

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 \$550.00**

**After SEPTEMBER 13, 2000 Min. 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

TITLE **D** ☐ Delete  
NAME **GOLDSTEIN, SEYMOUR S.**  
STREET ADDRESS **222 LAKEVIEW AVE SUITE 225**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Mr.** ☒ Change ☐ Addition  
NAME **Seymour S. Goldstein**  
STREET ADDRESS **1240 U.S. Highway One, Ste. 1**  
CITY-ST-ZIP **North Palm Beach, FL 33408**

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

561-799-3998

Daytime Phone #

CR2E034 15/00