

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90093 032 ***150.00

DOCUMENT # P95000022288

1. Entity Name
EAGLE VISION AERIAL PHOTOGRAPHY, INC.

Principal Place of Business

**2632 BAYWOOD DRIVE
HOLIDAY FL 34690**

Mailing Address

**2632 BAYWOOD DRIVE
HOLIDAY FL 34690**

2. Principal Place of Business

3306 Player Dr.

3. Mailing Address

3306 Player Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

Country

Zip

Country

34655

FL

34655

FL

6. Name and Address of Current Registered Agent

**MUNIZ, NESTOR
2632 BAYWOOD DR
HOLIDAY FL 34690**

7. Name and Address of New Registered Agent

Name **Nestor Muniz**
Street Address (P.O. Box Number is Not Acceptable)
3306 Player Dr.
City **New Port Richey** FL Zip Code **34655**

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, 2002 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

TITLE **P** ☐ Delete
NAME **MUNIZ, NESTOR**
STREET ADDRESS **2632 BAYWOOD DR**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Muniz, Nestor**
STREET ADDRESS **3306 Player Dr.**
CITY-ST-ZIP **New Port Richey, FL 34655**

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

TITLE ☐ Change ☐ Addition
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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:

Nestor Muniz President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02
Date

(727) 534-5333
Daytime Phone #

CR2E034 (9/01)