

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082532

1. Entity Name

AMERICAN EAGLE FIREWORKS INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90298 030 \*\*\*158.75

532820



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1111 OCEAN SHORE BLVD.  
UNIT 2  
ORMOND BEACH FL 32176  
US

Mailing Address

P.O. BOX 2023  
WINDERMERE FL 34786-2023  
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 65-0632685

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

STRATTON, YVONNE M  
1111 OCEAN SHORE BLVD.  
UNIT 2  
ORMOND BEACH FL 32176

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, 2001 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 PT ☐ Delete  
NAME STRATTON, YVONNE  
STREET ADDRESS 1111 OCEAN SHORE BLVD., UNIT 2  
CITY-ST-ZIP ORMOND BEACH FL

TITLE PT ☒ Change ☐ Addition  
NAME ALLEN, YVONNE  
STREET ADDRESS 1111 Ocean Shore Blvd. Unit 2  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE VPS ☐ Delete  
NAME ALLEN, MARK  
STREET ADDRESS 709 BLOWING ROCKWAY  
CITY-ST-ZIP STONE MOUNTAIN GA

TITLE VPS ☒ Change ☐ Addition  
NAME ALLEN, MARK  
STREET ADDRESS 1464 Chatsworth Trace  
CITY-ST-ZIP Lawrenceville, GA 30044

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Yvonne M. Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01  
Date

(407) 491-1776  
Daytime Phone #

CR2E034 (10/00)