## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000093211 May 01, 2000 08:00 AM 1. Entity Name **Secretary of State** EAGLE'S WINGS ENTERPRISES, INC. Principal Place of Business Mailing Address CORNER OF POLK & 2ND P.O. BOX 229 KATHLEEN KATHLEEN FL FL 33849 33849 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3349195 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAILEY CORNER OF POLK AND 2ND Street Address (P.O. Box Number is Not Acceptable) KATHLEEN $\mathbf{FL}$ 33849 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. 05/01/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE STD Delete TITLE ☐ Change ☐ Addition BAILEY FRANKI JEAN NAME STREET ADDRESS CORNER OF POLK AND 2ND STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KATHLEEN 33849 TITLE ☐ Delete PΠ TITLE ☐ Change ☐ Addition NAME NAME BAILEY ROBERT STREET ADDRESS CORNER OF POLK AND 2ND STREET ADDRESS CITY-ST-ZIF KATHLEEN FL. 33849 CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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