

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90006 033 \*\*\*550.00

**DOCUMENT # P96000013574**

**1. Entity Name**  
**EAGLE INVESTMENTS INC. OF NORTH FLORIDA**

**Principal Place of Business**

**3012 WARMINSTER CT  
 JACKSONVILLE FL 32225**

**Mailing Address**

**3012 WARMINSTER CT  
 JACKSONVILLE FL 32225**

**2. Principal Place of Business**

**4408 TRADEWINDS DRIVE**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**4408 TRADEWINDS DRIVE**  
 Suite, Apt. #, etc.

**City & State**

**JACKSONVILLE, FLORIDA**

**City & State**

**JACKSONVILLE FLORIDA**

**4. FEI Number**

**59-3370700**

**Applied For**

**Not Applicable**

**Zip**

**32250**

**Country**

**USA**

**Zip**

**32250**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**SINGLETARY, ROBERT D  
 3012 WARMINSTER CT  
 JACKSONVILLE FL 32225**

**7. Name and Address of New Registered Agent**

**Name** **SINGLETARY, ROBERT D.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**4408 TRADEWINDS DRIVE**  
**City** **JACKSONVILLE** **FL** **Zip Code** **32250**

**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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
 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 12, 2001 Fee 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** **PVD** ☐ Delete  
**NAME** **SINGLETARY, ROBERT D**  
**STREET ADDRESS** **3012 WARMINSTER CT**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32225**

**TITLE** **VP** ☐ Delete  
**NAME** **SINGLETARY, AMY M**  
**STREET ADDRESS** **3012 WARMINSTER CT**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32225**

**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** **PVD** ☒ Change ☐ Addition  
**NAME** **SINGLETARY, ROBERT D**  
**STREET ADDRESS** **4408 TRADEWINDS DRIVE**  
**CITY-ST-ZIP** **JACKSONVILLE, FL 32250**

**TITLE** **VP** ☒ Change ☐ Addition  
**NAME** **SINGLETARY, AMY M.**  
**STREET ADDRESS** **4408 TRADEWINDS DR**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32250**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
 Date

**904-568-0368**  
 Daytime Phone #

CR2E034 (5/01)