

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061304

1. Entity Name

EAGLE URNS, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90004 032 \*\*\*150.00

Principal Place of Business

Mailing Address

1932 ~~EDGE~~ LANE  
WESTVILLE FL 32464

RT 3 BOX 100-B1 JAME  
WESTVILLE FL 32464-9803

2. Principal Place of Business

1932 EAGLE LANE

3. Mailing Address

JAME AS PRINCIPAL RACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTVILLE, FL

City & State

WESTVILLE, FL

4. FEI Number

59-3391307

Applied For

Not Applicable

Zip

Country

32464

HULMES

Zip

Country

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

CASS, STEVEN A  
1932 EDGE LANE  
WESTVILLE FL 32464

SAME REGISTERED AGENT  
JUST CORRECTED ADDRESS

Name

CASS, STEVEN A.

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

1932 EAGLE LANE

City WESTVILLE

FL

Zip Code 32464

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

STEVEN A. CASS, STEVEN A. CASS SOLE-OWNER 11/4/2000

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, 2000 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 SO  
NAME CASS, STEVEN A  
STREET ADDRESS 1932 ~~EDGE~~ LANE  
CITY-ST-ZIP WESTVILLE FL 32464 ☐ Delete

TITLE SOLE OWNER  
NAME CASS, STEVEN A.  
STREET ADDRESS 1932 EAGLE LANE  
CITY-ST-ZIP WESTVILLE, FL 32464 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

STEVEN A. CASS, STEVEN A. CASS 11/4/2000 800-456-3940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)