

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91163 002 ***150.00

DOCUMENT # **P96000080610**

1. Entity Name **Eagle Printing of Largo, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
410 S. Corona Ave.
Suite, Apt. #, etc.

3. Mailing Address
410 S. Corona Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater FL
Zip
33765
Country
Pinellas

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Clearwater FL
Zip
33765
Country
Pinellas

4. FEI Number
59-3395050

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Daniel McClellan

Street Address (P.O. Box Number is Not Acceptable)
410 S. Corona Ave.

City
Clearwater **FL** Zip Code
33765

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
McClellan, Dan
410 S. Corona Ave.
Clearwater FL 33765**

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dan McClellan **4-29-02 727-461-2516**
Date Daytime Phone #

CR2E034B (12/01)