

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000091257**

1. Entity Name
EAGLE INSPECTION CORPORATION

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90325 038 ***150.00

Principal Place of Business 1371 PRINCE ROAD ST AUGUSTINE FL 32086 US	Mailing Address 1371 PRINCE ROAD ST AUGUSTINE FL 32086 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 634 ALEIDA DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST. AUGUSTINE FL	
Zip	Country	Zip 32086	Country USA

4. FFI Number 65-0707224	Applied For ☐
	Not Applicable ☐

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALER, RICHARD L. 71 S DIXIE HWY #4 P.O. BOX 4497 ST AUGUSTINE FL 32085

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 the filer is acceptable. (NOTE: Registered Agent's signature required when re-electing) 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD MILITELLO, JEAN 1371 PRINCE ROAD ST AUGUSTINE FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	634 ALEIDA DR ST. AUGUSTINE FL 32086 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD MILITELLO, BRUCE 1371 PRINCE ROAD ST AUGUSTINE FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	634 ALEIDA DR ST. AUGUSTINE FL 32086 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Jean Militello Pres.* **4-18-01** **(904) 794-4831**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10.00)