

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90248 017 ***150.00

DOCUMENT # P97000020372

1. Entity Name
EAGLE ATHLETIC WEAR, INC.



Principal Place of Business
**720 EAST TARPON AVENUE
TARPON SPRINGS FL 34689**

Mailing Address
**720 EAST TARPON AVENUE
TARPON SPRINGS FL 34689**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3431637**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**McFARLAND, DONALD O. ESQ.
311 SOUTH MISSOURI AVENUE
CLEARWATER FL 34616**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TZEKAS, IMER	
STREET ADDRESS	115 STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	P	<input type="checkbox"/> Delete
NAME	ISMAIL, GZIME	
STREET ADDRESS	720 E TARPON AVE	
CITY-ST-ZIP	TARPON SPGS FL 34689	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ISMAIL, ASAN	
STREET ADDRESS	720 E TARPON AVE	
CITY-ST-ZIP	TARPON SPGS FL 34689	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
ISMAIL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **622/932-647**
Date Daytime Phone #

CR2E034 (10/02)