

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90295 022 ***150.00

DOCUMENT # P97000039757

1. Entity Name
AN EAGLE EYE, INC.

Principal Place of Business

511 CENTURY DRIVE
MARCO ISLAND FL 34145

Mailing Address

511 CENTURY DRIVE
MARCO ISLAND FL 34145

2. Principal Place of Business

467 Balsam Ct

Suite, Apt. #, etc.

3. Mailing Address

467 Balsam Ct

Suite, Apt. #, etc.

City & State

Marco Island, FL

City & State

Marco Island, FL

Zip

34145

Country

USA

Zip

34145

Country

USA

6. Name and Address of Current Registered Agent

WAINSCOTT, CHRISTOPHER M
511 CENTURY DRIVE
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name **WAINSCOTT, CHRISTOPHER M**

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

467 Balsam Ct

City

Marco Island

Zip Code

34145

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 **CHRISTOPHER WAINSCOTT** **4/23/01**

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, 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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WAINSCOTT, CHRISTOPHER M**
STREET ADDRESS **511 CENTURY DR**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **V** ☐ Delete
NAME **WAINSCOTT, TERRI R**
STREET ADDRESS **511 CENTURY DR**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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 **P** ☒ Change ☐ Addition
NAME **WAINSCOTT, CHRISTOPHER M**
STREET ADDRESS **467 Balsam Ct**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **V** ☒ Change ☐ Addition
NAME **WAINSCOTT, TERRI R**
STREET ADDRESS **467 Balsam Ct**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)