

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2003 8:00 am**  
**Secretary of State**

08-05-2003 90073 015 \*\*\*150.00

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**DOCUMENT # P97000041116**

1. Entity Name  
**EAGLE EYE HOME INSPECTION SERVICES, INC.**



Principal Place of Business  
**3340 WILDERNESS CIRCLE  
MIDDLEBURG FL 32068-4128**

Mailing Address  
**3340 WILDERNESS CIRCLE  
MIDDLEBURG FL 32068-4128**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3448141**

Applied For  
Not Applicable

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

**BARRY, JOHN G III  
1719 BLANDING BOULEVARD  
JACKSONVILLE FL 32210**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **DP** ☐ Delete  
NAME **KRAUER, ROBERT M**  
STREET ADDRESS **3340 WILDERNESS CIRCLE**  
CITY-ST-ZIP **MIDDLEBURG FL 32068-4128**

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

TITLE **DVS** ☐ Delete  
NAME **KRAUER, MARGARET F**  
STREET ADDRESS **3340 WILDERNESS CIRCLE**  
CITY-ST-ZIP **MIDDLEBURG FL 32068-4128**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: *Robert M Krauer* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Aug. 2, 2003* Date

*904 291 7077* Daytime Phone #

CR2E034 (4/03)

Attachment

80136189  
#P97000041116

**Eagle Eye Home Inspection Services, Inc.**

3340 Wilderness Circle, Middleburg, Florida 32068 (904) 291-7077

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

August 2, 2003

To the officer or director in charge,

I have just received the notice for payment of \$550 (penalty) for the year of 2003. We looked back through our files and noticed that we did not receive the first mailing in February. I assumed that we were up to date with all requirements with our corporation. We have not been late or missed payment since we incorporated in 1997. Is there a way that this penalty can be waived. We would be deeply appreciated if this could be done. I am sending in the original \$150 and if this is not efficient please send a corresponding bill (before Sept.10).

Sincerely yours,

*Robert M. Krauer*

Robert M. Krauer

Owner of Eagle Eye Home Inspection Services, Inc.