2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 15, 2001 8:00 am Secretary of State DOCUMENT # P9700085094 1. Entity Name 06-15-2001 90169 009 ***550.00 EAGLE DEVELOPMENT INC. OF FERNANDINA BEACH Principal Place of Business Mailing Address PO BOX 15388 1010 1/2 ATLANTIC AVE FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 A0073392 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3469835 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNDERWOOD. HERBERT LEE JR Street Address (P.O. Box Number is Not Acceptable) 3420 SOUTH FLETCHER AVENUE UNIT #204 FERNANDINA BEACH FL 32034 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition ☐ Delete TITLE TITLE HERBERT LEE UNDERWOOD JR NAME NAME 3420 S FLETCHER AVE #204 STREET ADDRESS STREET ADDRESS FERNANDINA BCH FL 32034 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecuts this report as required by Chapter 607, Florida Statutes; and that my name populars in Block 11 or Block 12 13. I hereby certify that the information supplied with indicated on this report or supplying of the corporation or the rece changed, or on an attachn

NTED MAME OF SIGNING OFFICER OR DIRECTOR