

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100144

1. Entity Name

STREET EAGLE INTERNATIONAL, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90384 031 ***150.00

Principal Place of Business

12505 66TH ST.NORTH
LARGO FL 33773
US

Mailing Address

12505 66TH ST.NORTH
LARGO FL 33773-4440
US

2. Principal Place of Business

11100 66th ST. N.

Suite, Apt. #, etc.

SUITE 29

City & State

LARGO, FL.

Zip

33773

Country

USA

3. Mailing Address

11100 66th ST. N.

Suite, Apt. #, etc.

SUITE 29

City & State

LARGO, FL.

Zip

33773

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3484610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPOTO, ROBERT
12505 66TH ST.NORTH
LARGO FL 33773

7. Name and Address of New Registered Agent

Name

ROBERT SPOTO

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

11100 66th ST. N.

SUITE 29

City

LARGO

FL

Zip Code

33773

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

ROBERT SPOTO, PRES Robert Spoto

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

(NOTE: Registered Agent signature required when constituting)

DATE

4-12-00

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, 2000 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	<input type="checkbox"/> Delete
NAME	SPOTO, ROBERT	
STREET ADDRESS	11492 60TH TER N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

ROBERT SPOTO

Date

4-12-00

Daytime Phone #

(727)

546-2326

CR2E034 (9/99)