

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State
 07-25-2000 90001 016 ***150.00

DOCUMENT # P98000009403

1. Entity Name

EAGERTON ENTERPRISES, INC.

R

Principal Place of Business

Mailing Address

~~5103 NE 60 TERRACE~~

~~5103 NE 60 TERRACE~~

~~SILVER SPRINGS FL 34488~~

~~SILVER SPRINGS FL 34488~~

1800 SW 55 Lane
OCALA, FL 34474

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3497511**

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

EAGERTON, LAWRENCE T

~~5103 NE 60 TERRACE~~

~~SILVER SPRINGS FL 34488~~

1800 SW 55 Lane

OCALA, FL 34474

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.

SIGNATURE **L.T. EAGERTON - President**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	EAGERTON, LAWRENCE T	
STREET ADDRESS	5103 NE 60 TERRACE	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE		<input type="checkbox"/> Delete
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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 persons empowered.

SIGNATURE:

SIGNATURE OF EAGERTON, LAWRENCE T

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-2000

Date

352-236-287

Daytime Phone #

CR2E034 (5/00)

Attachment
DT# 0980JWW9403
DW73617

RENTAL GUIDE

MAGAZINE

Helping Renters Feel at Home

7-18-2000

We are a small family
owned company that incorporated
last year. We moved in
February and did not receive
your first request for filing
fee.

We pay our bills on a timely
basis. Please consider our
circumstances and accept our
Report and rental fee - Thanks - ^{RG41} Jerry