## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPED OR PAINTED MANE OF SIGNING OFFICER OR O

## **FILED** DOCUMENT # P98000012155 Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** EAGLE PEST MANAGEMENT, INC. 01-12-2000 90054 009 \*\*\*150.00 Principal Place of Business Mailing Address 1347 MEADOWBROOK ST 1347 MEADOWBROOK ST KISSIMMEE FL 34744 KISSIMMEE FL 34744-2612 2. Principal Place of Business 3. Mailing Address 22 W. Movune #19 O BOX 45 1267 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Ki SSIMMER 551 MMEE City & State Applied For 4. FEI Number 59-3490388 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 34741 USA Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent YOUNG, WENDY Street Address (P.O. Box Number is Not Acceptable) 1347 MEADOWBROOK ST KISSIMMEE FL 34744 City Zip Code FL 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE YOUNG, WENDY NAME NAME 1347 MEADOWBROOK ST STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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