

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000012505**

1. Entity Name

EAGLEVIEW INDUSTRIES, INC.**FILED****Mar 06, 2000 8:00 am**
Secretary of State

03-06-2000 90060 002 ***150.00

Principal Place of Business

Mailing Address

5030 CHAMPION BLVD., SUITE 6-271
BOCA RATON FL 33496**5030 CHAMPION BLVD., SUITE 6-271**
BOCA RATON FL 33496-2473**80033649**

2. Principal Place of Business

3. Mailing Address

110 East Atlantic Ave **5030 Champion Blvd G-6**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 230**PMB #271**

City & State

City & State

Delray Beach, FL**Boca Raton, FL**

Zip

Country

Zip

Country

33444 USA**33496 USA**

DO NOT WRITE IN THIS SPACE



4. FEI Number

65-0810476

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

Name **Paolini, Michael J.**

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

PMB #271**5030 Champion Blvd G-6**City **Boca Raton, FL** Zip Code **33496****PAOLINI, MICHAEL J****5030 CHAMPION BLVD., SUITE 6-271****BOCA RATON FL 33496**

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)

DATE

3/1/009. 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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	Director, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAOLINI, MICHAEL J	NAME	Michael J. Paolini
STREET ADDRESS	5030 CHAMPION BLVD., SUITE 6-271	STREET ADDRESS	PMB #271, 5030 Champion Blvd G-6
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	President <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	David Anderson
STREET ADDRESS		STREET ADDRESS	PMB #271, 5030 Champion Blvd G-6
CITY-ST-ZIP		CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Kevin Cihelka
STREET ADDRESS		STREET ADDRESS	PMB #271, 5030 Champion Blvd G-6
CITY-ST-ZIP		CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Karola Heyen
STREET ADDRESS		STREET ADDRESS	PMB #271, 5030 Champion Blvd G-6
CITY-ST-ZIP		CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	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 changed, or on an attachment with an address, with all other like empowered.

Michael J. Paolini**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00**561-279-9632**