

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90003 008 ***150.00

DOCUMENT # P98000012505

1. Entity Name

EAGLEVIEW INDUSTRIES, INC.

Principal Place of Business

110 EAST ATLANTIC AVE
SUITE 230
DELRAY BEACH FL 33444
US

Mailing Address

~~5030 CHAMPION BLVD., SUITE 6-271
BOCA RATON FL 33496~~

2. Principal Place of Business

110 E. Atlantic Ave.

Suite, Apt. #, etc.

Suite # 230

City & State

Delray Beach, FL

Zip

33444

Country

USA

3. Mailing Address

110 E. Atlantic Ave.

Suite, Apt. #, etc.

Suite # 230

City & State

Delray Beach, FL

Zip

33444

Country

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

James W. Wolff

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

110 E. Atlantic Ave

Ste # 230

City

Delray Bch.

FL

Zip Code

33444

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 James W. Wolff

(President, Director, Treasurer)

01-12-01

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 \$150.00

After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete
NAME PAOLINI, MICHAEL J
STREET ADDRESS 5030 CHAMPION BLVD, PMB #271
CITY-ST-ZIP BOCA RATON FL 33496

TITLE VP ☒ Delete
NAME ANDERSON, DAVID
STREET ADDRESS PMB #271 5030 CHAMPION BLVD
CITY-ST-ZIP BOCA RATON FL 33496

TITLE VP ☒ Delete
NAME CIHELKA, KEVIN
STREET ADDRESS PMB #271 5030 CHAMPION BLVD
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ST ☒ Delete
NAME HEYEU, KAROLA
STREET ADDRESS PMB #271 5030 CHAMPION BLVD G
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DPT ☒ Change ☐ Addition
NAME James W. Wolff
STREET ADDRESS 110 E. ATLANTIC AVE. STE # 230
CITY-ST-ZIP Delray Beach, FL 33444

TITLE DVP ☒ Change ☐ Addition
NAME Sanjay Modu
STREET ADDRESS 35 Harvard St.
CITY-ST-ZIP Closter, NJ 07624

TITLE DVPS ☒ Change ☐ Addition
NAME Earl Anderson
STREET ADDRESS 110 E. Atlantic Ave. Ste # 230
CITY-ST-ZIP Delray Bch. FL 33444

TITLE D ☒ Change ☐ Addition
NAME Walter Freeman
STREET ADDRESS 921 Croton Dr.
CITY-ST-ZIP Alexandria, VA 22308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

James W. Wolff

01-12-01

Date

Daytime Phone #

561-279-9632

CR2E034 (10/00)