

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042311

1. Entity Name

U. S. EAGLE CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90008 007 ***150.00

Principal Place of Business

Mailing Address

750 ISLAND WAY #104
 CLEARWATER FL 33767

750 ISLAND WAY #104
 CLEARWATER FL 33767-1819

2. Principal Place of Business

7849 3RD AVE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

7849 3RD AVE SOUTH

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG

4. FEI Number

05-9350584

Applied For

Not Applicable

Zip

33707

Country

PINELLAS

Zip

33707

Country

PINELLAS

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

ROMANEK, HARVEY L
 750 ISLAND WAY #104
 CLEARWATER FL 33767

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

Harvey Romanek PRESIDENT

4/24/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ROMANEK, HARVEY L 750 ISLAND WAY #104 CLEARWATER FL 33767 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ROMANEK, BRANDON D 750 ISLAND WAY #104 CLEARWATER FL 33767 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DTS PELLONE, NANCY A 750 ISLAND WAY #104 CLEARWATER FL 33767 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7849 3RD AVE SOUTH ST PETERSBURG FL 33707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7849 3RD AVE SOUTH ST PETERSBURG, FL 33707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7849 3RD AVE SOUTH ST PETERSBURG, FL 33707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Harvey Romanek PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00 727-980-4382

Daytime Phone #