

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90109 031 ***155.00

DOCUMENT # P98000052881

1. Entity Name
FOUR ACES INTERNATIONAL INC.

Principal Place of Business

**350 N.E. 140TH AVENUE
 WILLISTON FL 32696**

Mailing Address

**350 N.E. 140TH AVENUE
 WILLISTON FL 32696**

C0072620



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

350 N.E. 140th AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 506

Suite, Apt. #, etc.

City & State

Williston, FL

City & State

Dunnellon, FL

4. FEI Number

65-0852875

Applied For

Not Applicable

Zip

32696

Country

USA

Zip

34430

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EAGLER, RICHARD T
 350 NE 140TH AVENUE
 WILLISTON FL 32696**

7. Name and Address of New Registered Agent

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

R. T. Eagler

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 12, 2001 Fee 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

TITLE ☐ Delete
 NAME **P EAGLER, RICHARD T**
 STREET ADDRESS **350 NE 140TH AVE**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

R. T. Eagler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-01 528-5928
 Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc#

P98000050881

C0070020

To Whom this may concern

I didn't receive the original notice that was mailed in January.

I was involved in an accident and I had a friend helping and she said that she didn't receive the notice. Please except this as my explanation and keep my corporation in force.

Sincerely

R. J. Eager

P.S. I don't have \$550.00 as I am now Disabled.