

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075040

1. Entity Name
SILVER EAGLE BUSINESS CONSULTING, INCORPORATED

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90056 034 ***150.00

Principal Place of Business
2311 NW LAKEVIEW DR.
SEBRING FL 33870

Mailing Address
2311 NW LAKEVIEW DR.
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0864016**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, ROBERT D
2311 NW LAKEVIEW DR.
SEBRING FL 33870

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
WOOD, ROBERT D
2311 NW LAKEVIEW DR
SEBRING FL 33870 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
WOOD, BARBARA B
2311 NW LAKEVIEW DR
SEBRING FL 33870 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOOD, ELAINE L
11974 CARDAMOM DR
WOODBIDGE VA 22192 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOOD, AMY L
505 2ND AVE NE APT 14
RUSKIN FL 33570 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUSZAR, PAUL
806 131ST ST COURT E
TACOMA WA 98445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
1220 Mercedes Drive
Roseville, CA 95747 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUSZAR, ELISE W
806 131ST ST COURT E
TACOMA WA 98445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
1220 Mercedes Drive
Roseville, CA 95747 ☒ Change ☐ 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: *Barbara B. Wood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara B. Wood

8 Apr 01 (863) 314-8816

Date Daytime Phone #

CR2E034 (10/00)