

3/21

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000084768**

1. Entity Name

**EAGLE ENTERPRISES, INC. OF SEBRING****FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90659 022 \*\*\*150.00

Principal Place of Business

Mailing Address

901 US 27N LAKESHORE MALL  
#3  
SEBRING FL 33870901 US 27N LAKESHORE MALL  
#3  
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

901 US HWY 27N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 61

City &amp; State

City & State  
SEBRING FL

4. FEI Number 59-3534793

Applied For

Not Applicable

Zip

Country

Zip  
33870Country  
USA5. 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

JINDANI, ALI  
901 US 27N LAKESHORE MALL  
#3  
SEBRING FL 33870

Name GWADURI, HABIB

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

901 US HWY 27N # 61

City SEBRING FL Zip Code 33870

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 PSTD  
NAME JINDANI, ALI  
STREET ADDRESS 901 US 27N LAKESHORE MALL, #3  
CITY-ST-ZIP SEBRING FL 33870 ☒ DeleteTITLE PRESIDENT  
NAME GWADURI, HABIB  
STREET ADDRESS 901 US HWY 27N #61  
CITY-ST-ZIP SEBRING, FL 33870 ☐ Change ☒ AdditionTITLE S  
NAME GWADURI, HABIB  
STREET ADDRESS 901 US HWY 27N #3  
CITY-ST-ZIP SEBRING FL 33870 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01 (863) 471-2022

Date

Daytime Phone #

CR2E034 (10/00)