

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102026

1. Entity Name

EAGLE ONLINE FIRMWARE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90494 041 ***150.00

Principal Place of Business

Mailing Address

4113 KIMBER RAE COURT
PLANT CITY FL 33565

4113 KIMBER RAE COURT
PLANT CITY FL 33565-3845

2. Principal Place of Business

3120 Holiday Springs Blvd

3. Mailing Address

3120 Holiday Springs Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#102

#102

City & State

City & State

MARGATE, FL

MARGATE, FL

Zip

33063

Country

USA

Zip

33063

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3564823

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

BOGART, KEITH A
6210 N SHELDON ROAD STE 2501
TAMPA FL 33615

Name

KEITH BOGART

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

470 THIRD STREET SOUTH

SUITE 512

City

ST. PETERSBURG, FL

FL

Zip Code

33701

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

4/20/00

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
PDT
NORTON, WENDELL
9810 FAIRMONT AVE
MANASSAS VA 20109

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDC
ARBAN, HOLLIS
3120 HOLIDAY SPRINGS BLVD #102
MARGATE FL 33063

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ORMAN, PAUL
4113 KIMBER RAE CT
PLANT CITY FL 33565

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PAUL ORMAN
4513 Hargrave Court
RICHMOND, VA 23060
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOGART, KEITH
6210 N SHELDON RD STE 2501
TAMPA FL 33601

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEITH BOGART
470 THIRD ST SOUTH, SUITE 512
ST. PETERSBURG, FL 33701
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEITH BOGART, ESQ.

4/20/00

Date

727-898-2500

Daytime Phone #

CR2E034 (9/99)