

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003791

1. Entity Name

EAGLE ENTERPRISES INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90015 021 ***158.75

Principal Place of Business

2929 WINKLER AVE
1004
FORT MYERS FL 33916

Mailing Address

2929 WINKLER AVE
1004
FORT MYERS FL 33916

00004000

2. Principal Place of Business

1801 BRANTLEY ROAD
Suite, Apt. #, etc.
UNIT # 1915

3. Mailing Address

1801 BRANTLEY ROAD
Suite, Apt. #, etc.
UNIT # 1915



DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS FL
Zip
33907 Country
LEE

City & State

FORT MYERS FL
Zip
33907 Country
LEE

4. FEI Number

65-0901316

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BINFORD, ROBERT
9261 SAN BERNADINO AVE.
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name
BINFORD ROBERT
Street Address (P.O. Box Number is Not Acceptable)
1801 BRANTLEY ROAD
UNIT # 1915
City
FORT MYERS FL Zip Code
33907

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

Robert Binford

ROBERT BINFORD, PRES 1/08/01

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BINFORD, ROBERT 2929 WINKLER AVE FT MYERS FL 33916	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0635579

CR2E034 (10/00)