

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027524

1. Entity Name

EAGLE SERVICE & SUPPLY, INC.

Principal Place of Business

11 EAST LANDSTREET ROAD  
ORLANDO FL 32824

Mailing Address

1301 EAST LANDSTREET ROAD  
ORLANDO FL 32824

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3572402

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

GRUBER, KATHRYN S  
170 EAST WASHINGTON ST.  
ORLANDO FL 32810

Name

John B. Clayton

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

1301 E. Landstreet Rd.

City

Orlando

FL

Zip Code

32824

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

John B. Clayton

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-01

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 D ☒ Delete  
NAME CLAYTON, JOHN B  
STREET ADDRESS 6815 CYPRESS COVE CIRCLE  
CITY-ST-ZIP JUPITER FL 33458

TITLE President ☒ Change ☐ Addition  
NAME John B. Clayton  
STREET ADDRESS 3394 Park Grove Ct.  
CITY-ST-ZIP Longwood, FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

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:

John B. Clayton (John B. Clayton)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

407-857-6245

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE