

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90068 024 ***158.75

DOCUMENT # P99000028057

1. Entity Name
EATON HOLDINGS LIMITED, INC.

Principal Place of Business Mailing Address
3300 N UNIVERSITY DR #604 **3300 N UNIVERSITY DR #604**
CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065-4132**

2. Principal Place of Business 3. Mailing Address
3300 N. Universtiy Drive **1008 Madison 9445**

Suite, Apt. #, etc.
Suite 604

City & State City & State
Coral Springs Florida **Annapolis Missouri**

Zip Country Zip Country
33065 Broward **63620 Madison**

4. FEI Number Applied For
65-0915328 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NICHOLLS, GREGG E
3300 N UNIVERSITY DR #604
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **Guy Stewart Attorney at Law**
 Street Address (P.O. Box Number is Not Acceptable)
536 Malaga Avenue
 City **Coral Gables** **FL** Zip Code **33134**

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 *Maria Marie Eaton* **Maria Marie Eaton** **March 10, 2000**
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, 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	D Director EATON, MARIA 3300 N UNIVERSITY DR #604 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (addition) Russell V. Combs 50 West Main Street Friendship New York, 14739	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (addition) George Williams 2425 Ridgecrest Dr SE Albuquerque New Mexico, 87108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure (addition) Maria Marie Eaton 1008 Madison 9445 Annapolis Mo. 63620	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (addition) Sandra T. Greer 3011 Brookdale Drive Kingwood Texas 77339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORPORATE LEGAL COUNCEL (addition) Guy Stewart 536 Malaga Avenue Coral Gables Florida 33134	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Russell V. Combs 50 West Main Street Freindship New York 14739 DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR George Williams 2425 Ridgecrest Drive SE Albuquerque New Mexico 87108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Maria Marie Eaton 1008 Madison 9445 Annapolis Mo. 63620	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Russell V. Combs 50 West Main Street Friendship Newe York 14739	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.O.O. George Williams 2425 Ridgecrest Drive SE Albuquerque New Mexico 87108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President Garland D. Greer 3011 Brookdale Drive Kingwood Texas 77339	<input type="checkbox"/> Change <input checked="" 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 fees empowered.

SIGNATURE: *Maria Marie Eaton* **Maria Marie Eaton** **March 10, 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)