

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
 02-14-2002 90106 013 ***158.75

DOCUMENT # P99000028057

1. Entity Name
EATON HOLDINGS LIMITED, INC.

Principal Place of Business

3300 N UNIVERSITY DR #604
CORAL SPRINGS FL 33065

Mailing Address

1008 MADISON 9445
ANNAPOLIS MO 63620

2. Principal Place of Business

1008 MADISON
Suite, Apt. #, etc.
9445

3. Mailing Address

Suite, Apt. #, etc.

City & State
Annapolis Mo

City & State

Zip
63620

Country
Madison

Zip

Country

4. FEI Number
65-0915328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUY STEWART ATTORNEY AT LAW
536 MALAGA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
EATON, MARIA
STREET ADDRESS
3300 N UNIVERSITY DR #604
CITY-ST-ZIP
CORAL SPRINGS FL 33065

TITLE
C ☐ Delete
NAME
EATON, MARIA M
STREET ADDRESS
1008 MADISON 9445
CITY-ST-ZIP
ANNAPOLIS MO 63620

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President - CEO ☐ Change ☒ Addition
NAME
Anthony ALAIMO
STREET ADDRESS
1008 madison 9445
CITY-ST-ZIP
Annapolis mo. 63620

TITLE
C.F.O ☐ Change ☒ Addition
NAME
CHET GUTOWSKY
STREET ADDRESS
1008 madison 9445
CITY-ST-ZIP
ANNAPOLIS MO. 63620

TITLE
C.O.O ☐ Change ☒ Addition
NAME
VINCENT NANIA
STREET ADDRESS
1008 madison 9445
CITY-ST-ZIP
ANNAPOLIS MO. 63620

TITLE
Vice President - M.R. ☐ Change ☒ Addition
NAME
MICHAEL H. CHRISTENSEN
STREET ADDRESS
1008 madison 9445
CITY-ST-ZIP
ANNAPOLIS mo. 63620

TITLE
Vice President Marketing ☐ Change ☒ Addition
NAME
DAVID O. EATON, Jr
STREET ADDRESS
1008 madison 9445
CITY-ST-ZIP
ANNAPOLIS, mo. 63620

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)