

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 99 00 00 35813**

1. Entity Name

LEGAL EAGLES.COM, INC.

Principal Place of Business

Mailing Address

FILED

00 MAY 23 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2805 EAST OAKLAND PARK BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

288

City & State

FORT LAUDERDALE FL

City & State

Zip

33306

Country

U.S.A.

Zip

Country

4. FEI Number

65-0912749

Applied For

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

7. Name and Address of New Registered Agent

Name

ANTHONY G. COLEMAN, JR.

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

6194 NORTH FEDERAL HIGHWAY

City

BOCA RATON

FL

Zip Code

33487

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:  (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE: **3/7/2000**

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRES / DIR

☒ Change

☐ Addition

CLARK J. PEAR

2805 EAST OAKLAND PARK BLVD #288

FORT LAUDERDALE, FL 33306

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP / DIR

☒ Change

☒ Addition

GARY BYRD

2805 EAST OAKLAND PARK BLVD #288

FORT LAUDERDALE, FL 33306

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP / DIR

☐ Change

☒ Addition

RAY TRICARICO

15021 RAVENS ST N.W

ANDOVER, MN. 55304

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

900003342799--9

-08/01/00--01093--018

*****150.00 ***150.00**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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

X 3/6/00

Date

Daytime Phone *

CR2E034 (9/99)