

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90517 030 \*\*\*150.00

DOCUMENT # P99000041226

1. Entity Name  
DOUBLE EAGLE MARKETING, INC.



Principal Place of Business  
% PARAMOUNT MARKETING  
2900 GATEWAY DR.  
POMPANO BEACH FL 33069

Mailing Address  
% PARAMOUNT MARKETING  
2900 GATEWAY DR.  
POMPANO BEACH FL 33069

2. Principal Place of Business  
550 FAIRWAY DR.  
Suite, Apt. #, etc.  
#107

3. Mailing Address  
550 FAIRWAY DR.  
Suite, Apt. #, etc.  
#107

City & State  
DEERFIELD BEACH, FL  
Zip 33441 Country USA

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DEERFIELD BEACH, FL  
Zip 33441 Country USA

4. FEI Number 65-0923659

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SAMUELS, LEONARD K  
BERGER SINGERMEN, P.A.  
350 EAST LAS OLAS BLVD., SUITE 1000  
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name PAMELA GELET  
Street Address (P.O. Box Number is Not Acceptable)  
550 FAIRWAY DR.  
#107  
City DEERFIELD BEACH FL Zip Code 33441

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PAMELA GELET 4-24-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GELET, PAMELA  
STREET ADDRESS 2900 GATEWAY DRIVE  
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 550 FAIRWAY DR. #107  
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-24-03 954 419-1712  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)