

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90699 047 \*\*\*150.00

**DOCUMENT # P99000075341**

1. Entity Name

EAGLES' NEST GROVE, INC.



Principal Place of Business

470 OLD HWY #17 RT 2 BOX 120  
CRESCENT CITY FL 32112

Mailing Address

RT 2 BOX 120  
CRESCENT CITY FL 32112

2. Principal Place of Business

470 Old Hwy 17

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 835

Suite, Apt. #, etc.

City & State

Crescent City, FL

City & State

Crescent City, FL

Zip

32112

Country

U.S.A.

Zip

32112

Country

U.S.A.

4. FEI Number

59-3605927

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

MITCHELL, MARY L  
408 N SUMMIT ST  
CRESCENT CITY FL 32112

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

SIGNATURE

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 DPT ☐ Delete  
NAME MITCHELL, ROBERT J  
STREET ADDRESS RT 2 BOX 120  
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE DVS ☐ Delete  
NAME MITCHELL, MARY L  
STREET ADDRESS 408 N SUMMIT ST  
CITY-ST-ZIP CRESCENT CITY FL 32112

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 DPT ☒ Change ☐ Addition  
NAME Robert Jay Mitchell  
STREET ADDRESS 470 Old Hwy. 17  
CITY-ST-ZIP Crescent City, FL 32112

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03

Date

(386) 698-2484

Daytime Phone #

CR2E034 (10/02)