

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90313 010 ***150.00

DOCUMENT # P99000077855

1. Entity Name
EAGLE RESEARCH & CONSULTING, INC.



Principal Place of Business
**4820 KERRY FOREST PARKWAY
SUITE - A
TALLAHASSEE FL 32308**

Mailing Address
**4820 KERRY FOREST PARKWAY
SUITE - A
TALLAHASSEE FL 32308**



2. Principal Place of Business

3. Mailing Address

2931 Kerry Forest Pkwy

2931 Kerry Forest Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

SUITE 101

City & State

City & State

TALLAHASSEE, FL

TALLAHASSEE FL

Zip

Country

Zip

Country

32309

US

32309

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3595253**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMIL, ERIC W SR
4820 KERRY FOREST PKWY - STE A
TALLAHASSEE FL 32308**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **CAMIL, ERIC W SR**
STREET ADDRESS **4820 KERRY FOREST PKWY STE A.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **PRESIDENT** ☐ Delete
NAME **ERIC WALTER CAMEL, SR.**
STREET ADDRESS **2931 KERRY FOREST PKWY, STE 101**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

ERIC W CAMEL, SR.

Jan 30, 03

Date

850-893-8887
Daytime Phone #

CR2E034 (10/02)