2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 16, 2001 8:00 am Secretary of State **DOCUMENT # P99000088270** C.S. PEPPERS EAGLE CONSTRUCTION, INC. 03-16-2001 90068 036 ***150.00 Principal Place of Business Mailing Address 27898 NEW YORK STREET 27898 NEW YORK STREET **BONITA SPRINGS FL 34134** BONITA SPRINGS FL 34134 UUU26U14 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0508230 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEPPERS, CLYDE Street Address (P.O. Box Number is Not Acceptable) 27898 NEW YORK STREET **BONITA SPRINGS FL 34134** City Zip Code FL 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. INOTE: Registered Agent signature required when einstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 0. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIR 11, 12 TITLE VD. ☐ Change ☐ Addition PEPPERS, JASON NAME NAME STREET ADDRESS STREET ADDRESS 27898 NEW YORK STREET CITY-ST-ZIE CITY-ST-ZIP **BONITA SPRINGS FL 34134 PSD** TITLE Change ☐ Addition Delete TITLE NAME PEPPERS, CLYDE NAME STREET ADDRESS STREET ADDRESS 27898 NEW YORK STREET CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Addition Change TITLE TD ☐ Delete TITLE NAME PEPPERS, LARRY NAME STREET ADDRESS STREET ADDRESS 27898 NEW YORK STREET CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** ☐ Addition □ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attactment with an address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR