APR-26-2002 FRI 04:52 PM FROM: FAX:

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90101 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000096568

1. Entity Name
EAGLE INTERLOCKING BRICK PAVING, INC.

Principal Place of Business	Mailing Address
417 MANOR BLVD PALM HARBOR FL 34683	417 MANOR BLVD PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: USA	Zip / Country: USA

4. FEI Number 59-3501917 ☐ 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
BUGS, JAIR 417 MANOR BLVD PALM HARBOR FL 34683	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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 Fee will be $550.00 Make Checks Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUGS, JAIR		NAME		
STREET ADDRESS	417 MANOR BLVD		STREET ADDRESS		
CITY - ST - ZIP	PALM HARBOR FL 34683		CITY - ST - ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DE OLIVEIRA BUGS, KATIA		NAME		
STREET ADDRESS	417 MANOR BLVD		STREET ADDRESS		
CITY - ST - ZIP	PALM HARBOR FL 34683		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FILHO, ALFREDO MARIA C		NAME		
STREET ADDRESS	22529 SWORDFISH DR		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33428		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE: X ______ 04/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #