2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNIN

Feb 01, 2001 8:00 am DOCUMENT # P99000102347 **Secretary of State** 1. Entity Name LEGAL EAGLE INFORMATION, INC. 02-01-2001 90132 020 ***150.00 Principal Place of Business Mailing Address 1177 KANE CONCOURSE 1177 KANE CONCOURSE ('0011' SUITE 104 SUITE 104 BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154 3. Mailing Address ATTN. J.R.SabaTino 2. Principal Place of Business 17 Kane Coucourse 1177 Kane Concourse Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 102 10€ City & State 4. FEI Number Applied For 65-0971559 Not Applicable \$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. SABATINO, JAMES R Street Address (P.O. Box Number is Not Acceptable) 1177 KANE CONCOURSE SUITE 104 102 **BAY HARBOR ISLANDS FL 33154** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete TITLE Searatory ☐ Change TITLE SABATINO, JAMES R Garry Geer Tama 1177 Kape Concourse #102 NAMÊ NAME 1177 KANE CONCOURSE SUITE 104/02 STREET ADDRESS STREET ADDRESS BAY HARBOR ISLANDS FL 33154 CITY-ST-ZIP CITY-ST-7/P Bay Harbor Islauds Fl 33154 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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.

FICER OR DIRECTOR

FILED