

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90206 040 ***150.00

DOCUMENT # V27995

1. Entity Name
EAGLE MAINTENANCE OF CENTRAL FLORIDA, INC.

Principal Place of Business
3204 LAKE GEORGE COVE DRIVE
ORLANDO FL 32812

Mailing Address
685-B GEORGIA AVENUE
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3117572**

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

DEVORE, ROSA
685-B GEORGIA AVENUE
LONGWOOD FL 32750

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 Check 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 **PT** ☐ Delete
NAME **SMITH, HENRY G.**
STREET ADDRESS **3204 LAKE GEO COVE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32812**

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

☒ Delete
TITLE **VP**
NAME **SMITH, ELEANOR D.**
STREET ADDRESS **3204 LAKE GEO COVE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32812**

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

☐ Delete
TITLE **VP**
NAME **ROURKE, MICHAEL**
STREET ADDRESS **1007 CONLEY DRIVE**
CITY-ST-ZIP **OVIEDO FL 32765**

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

☐ Delete
TITLE **S**
NAME **KELLY, BRUCE**
STREET ADDRESS **436 LOBLOLLY LANE**
CITY-ST-ZIP **ORLANDO FL 32825**

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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: *Henry G. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Jan 02
(407) 282-6065
 Date Daytime Phone #

0077847 AV

CR2E034 (9/01)