

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90029 017 ***150.00

DOCUMENT # V44005

1. Entity Name

EAGLE CONSTRUCTORS, INC.

Principal Place of Business

**82 SIXTH STREET
 APALACHICOLA FL 32320
 US**

Mailing Address

**PO BOX 159
 PORT ST JOE FL 32457-0159
 US**

2. Principal Place of Business

**210 Hwy 98
 Suite, Apt. #, etc.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port St. Joe FL

City & State

Zip

32456

Country

Gulf

Country

4. FEI Number

59-3129512

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

Name

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 159

City

210 Hwy 98

Port St. Joe FL

FL

Zip Code

32456

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.

(NOT)

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, 2001 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 **P** ☐ Delete
 NAME **PALMER, MORRIS**
 STREET ADDRESS **111 CABELL DRIVE**
 CITY-ST-ZIP **PORT SAINT JOE FL 32456**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)