FILED

3-26-01

"2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: CKESTER TOMMETS

Mar 29, 2001 8:00 am **DOCUMENT # V71186 Secretary of State** 1. Entity Name EAGLE SANITATION, INC. 03-29-2001 90400 001 ***150.00 Principal Place of Business Mailing Address 801 H SABLA RIDGE CIRCLE 801 H SABAL RIDGE CIRCLE 5606 PGA BOULEVARD SUITE 211 5606 PGA BOULEVARD SUITE 211 PALL EBACH GARDENS FL 33418 PALM EBACH GARDENS FL 33418 US 2. Principal Place of Business 3. Mailing Address, Suite, Apt. #, etc. Suite, Apt: #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0364791 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATHISON, STEPHEN S 5606 PGA BLVD., SUITE 211 PALM BEACH GARDENS FL 33418 Zip Code City 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. (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. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete ☐ Change IOMMETTI, CHESTER NAME NAME 801 H SABAL RIDGE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL TITLE ☐ Delete TITLE Change ☐ Addition QUINN, MATHEW NAME NAME STREET ADDRESS STREET ADDRESS 801 H SABAL RIDGE CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Addition TITLE Delete_ TITLE QUINN, MAUREEN NAME NAME STREET ADDRESS 801 H SABAL RIDGE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.