

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000029068

Entity Name: EAGLE EYE CLAIM SERVICE, INC.

Current Principal Place of Business:

9837 NW 28TH PLACE
CORAL SPRINGS, FL 33065

Current Mailing Address:

PO BOX 9082
CORAL SPRINGS, FL 33075

FEI Number: 46-5276066

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSTERBERGER, PETER
9837 NW 28TH PLACE
CORAL SPRINGS, FL 33065 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name OSTERBERGER, PETER
Address 9837 NW 28TH PLACE
City-State-Zip: CORAL SPRINGS FL 33065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER J. OSTERBERGER

PRESIDENT

02/21/2019

Electronic Signature of Signing Officer/Director Detail

Date