

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90004 048 ***150.00

DOCUMENT # F56075

1. Entity Name

EAGLE ELECTRIC OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

213 WGTO TOWER ROAD
 PO BOX 715
 LAKE ALFRED FL 33850

213 WGTO TOWER ROAD
 PO BOX 715
 LAKE ALFRED FL 33850-0715

2. Principal Place of Business

3. Mailing Address

213 WGTO Tower Road

PO Box 715

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Polk City, FL

Lake Alfred, FL

4. FEI Number

59-2154990

Applied For

Not Applicable

Zip

Country

Zip

Country

33868

Polk

33850

Polk

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REAVES, C RICHARD JR
 213 WGTO TW RD
 LK ALFRED, FL
 33850

Name

Mary M. Reaves

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

213 WGTO Tower Road

City

Polk City

FL

Zip Code
33868

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 Mary M. Reaves, President

Mary M Reaves

03-07-00

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, 2000 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	CD	<input checked="" type="checkbox"/> Delete
NAME	REAVES, C RICHARD JR	
STREET ADDRESS	213 WGTO TOWER ROAD	
CITY-ST-ZIP	LK ALFRED, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Mary M. Reaves		
STREET ADDRESS	213 WGTO Tower Road		
CITY-ST-ZIP	Polk City, FL 33868		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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 an other like empowered.

SIGNATURE:

Mary M. Reaves

Mary M. Reaves, President 03-07-00 (863) 956-1424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)