

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 014 ***150.00

DOCUMENT # F00000004642

1. Entity Name
EAGLE ENGINE SALES, INC.



Principal Place of Business
850 N. DUPAGE AVE., SUITE #3
LOMBARD IL 60148

Mailing Address
850 N. DUPAGE AVE., SUITE #3
LOMBARD IL 60148

11034137



2. Principal Place of Business

3. Mailing Address

275 COMMONWEALTH DR.
Suite, Apt. #, etc.

275 COMMONWEALTH DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

CAROL STREAM, IL

City & State

CAROL STREAM, IL

4. FEI Number

36-4012364

Applied For

Not Applicable

Zip

60188

Country

DUPAGE

Zip

60188

Country

DUPAGE

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

ERICKSON, JOHN N
3609 CENTURY BLVD., UNIT #3
LAKELAND FL 33811

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ERICKSON, JOHN N**
STREET ADDRESS **3113 TURNBERRY ROAD**
CITY-ST-ZIP **SAINT CHARLES IL 60174**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date Daytime Phone #

CR2E034 (10/02)