

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90013 004 ***158.75

DOCUMENT # J92526

1. Entity Name
EAGLE SQUADRON, INC.

Principal Place of Business C/O THOMAS L WILSON P O BOX 310107 TAMPA FL 33680-7107	Mailing Address C/O THOMAS L WILSON P O BOX 310107 TAMPA FL 33680-7107
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2856506		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WILSON, THOMAS L 5650 BRECKENRIDGE DRIVE SUITE 110 TAMPA FL 33610				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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, THOMAS L			NAME			
STREET ADDRESS	5650 BRECKENRIDGE DR 110			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGINNIS, ROBERT			NAME			
STREET ADDRESS	7090 HIDDEN ACRES WAY			STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLAMORE, WHIT			NAME			
STREET ADDRESS	4227 BEACHWAY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: Thomas L. Wilson **REQUIRED** 3/5/02 813-621-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)