2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L14784 1. Entity Name EAGLE SYSTEMS, INC. Principal Place of Business Mailing Address 10036 SAWGRASS DR W %KENNETH CREWS P O BOX 1802 1612 BRIAN WAY ST. AUGUSTINE FL 32086-9202 PONTE VEDRA BEACH FL 32004 3. Mailing Address Principal Place of Business MUMPOSS DR. W Suite, Apt. #, etc. City & State 6. Name and Address of Current Registered Agent CREWS, KENNETH 1612 BRIAN WAY ST. AUGUSTINE FL 32084 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, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

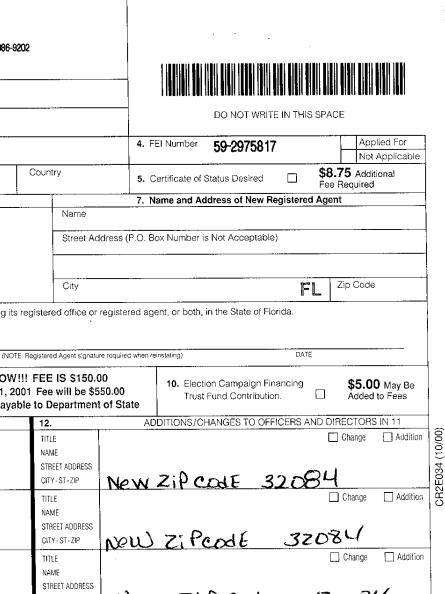
(See criteria on back)

SIGNATURE

11.

FILED Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90151 014 ***150.00



TITLE	PD	☐ Delete	TITLE				Change	Addition
NAME	CREWS, KENNETH		NAME					
STREET ADDRESS	1612 BRIAN WAY		STREET ADDRESS		^		mi	
CITY-ST-ZIP	ST AUGUSTINE FL 32086		City-St-ZIP	New Z	PCONE	_320	84	
TITLE	VD	☐ Delete	TITLE				Change	Addition
NAME	COPELAND, RICHARD		NAME					
STREET ADDRESS	1612 BRIAN WAY		STREET ADDRESS	,	6	-	511	
C1TY-ST-ZIP	ST AUGUSTINE FL 32086		CITY-ST-ZIP	New Z	teode	: ع	2089	<u> </u>
TITLE	VD	☐ Delete	TITLE	•			Change	Addition
NAME	DRAPER, HAROLD		NAME					
STREET ADDRESS	1618 BRIAN WAY		STREET ADDRESS	. 3			·	
CITY-ST-ZIP	ST AUGUSTINE FL 32086		CITY-ST-ZIP	New	ZIPC	<u>ode</u>	3208	(
TITLE	STD	☐ Delete	TITLE				Change	☐ Addition
NAME	DRAPER, STEVE		NAME					
STREET ADDRESS	1618 BRIAN WAY		STREET ADDRESS		-0	a 1	2000	ລ <i>ປ</i>
CITY-ST-ZIP	ST AUGUSTINE FL 32086		CITY-ST-ZIP	New	GP (ode	3208	<u>דפ</u>
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NAME		:	NAME					
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-\$T-ZIP					

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

Name

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 peport 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 D TYPED OR PRINTED NAME OF SIGNING OFFICER