

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90002 009 \*\*\*150.00

**DOCUMENT # P94000026802**

1. Entity Name  
**EAGLE BUSINESS FORMS, INC.**

Principal Place of Business  
**1248 GEORGE JENKINS BLVD. #D-1**  
~~854 SOUTH NEW YORK AVE.~~  
**LAKELAND FL 33815-1362**  
 US

Mailing Address  
~~854 SOUTH NEW YORK AVE.~~  
**1248 GEORGE JENKINS BLVD**  
**LAKELAND FL 33815-1362**  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1248 GEORGE JENKINS BLVD #D-1**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1248 GEORGE JENKINS BLVD**  
 Suite, Apt. #, etc. **#D-1**

City & State <b>LAKELAND FL</b>	City & State <b>LAKELAND FL</b>	4. FEI Number <b>59-3243641</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33815-1362</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>STEINBERG, JOHN R</b> <b>854 SOUTH NEW YORK AVENUE</b> <b>LAKELAND FL 33815</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1248 GEORGE JENKINS BLVD #D-1</b> City <b>LAKELAND</b> FL Zip Code <b>33815-1362</b>
---	---

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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS</b> <b>STEINBERG, JOHN R</b> <b>854 SOUTH NEW YORK AVENUE</b> <b>LAKELAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1248 GEORGE JENKINS BLVD #D-1</b> <b>LAKELAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: *John R. Steinberg* **JOHN R. STEINBERG** Date **4-25-00** Daytime Phone # **(863)686-2373**

CR2E034 (9/99)