

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90004 032 \*\*\*150.00

**DOCUMENT # P96000061304**

1. Entity Name

**EAGLE URNS, INC.**

Principal Place of Business

Mailing Address

1932 EDGE LANE  
 WESTVILLE FL 32464

RT 3 BOX 100-B1 JAME  
 WESTVILLE FL 32464-9609

2. Principal Place of Business

1932 EAGLE LANE

3. Mailing Address

SAME AS PRINCIPAL PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTVILLE, FL

City & State

4. FEI Number

59-3391307

Applied For

Not Applicable

Zip

Country

32464

FLORIDA

Zip

Country

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

CASS, STEVEN A  
 1932 EDGE LANE  
 WESTVILLE FL 32464

SAME REGISTERED AGENT  
 JUST CORRECTED ADDRESS

Name

CASS, STEVEN A.

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

1932 EAGLE LANE

City

WESTVILLE

FL

Zip Code 32464

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 Steven A. Cass STEVEN A. CASS SOLE-OWNER 11/4/2000

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

| 11. OFFICERS AND DIRECTORS |                                    | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                         |
|----------------------------|------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE                      | SO <input type="checkbox"/> Delete | TITLE                                                 | SOLE OWNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CASS, STEVEN A                     | NAME                                                  | CASS, STEVEN A.                                                                         |
| STREET ADDRESS             | 1932 EDGE LANE                     | STREET ADDRESS                                        | 1932 EAGLE LANE                                                                         |
| CITY-ST-ZIP                | WESTVILLE FL 32464                 | CITY-ST-ZIP                                           | WESTVILLE, FL 32464                                                                     |
| 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                                           |                                                                                         |
| 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                                           |                                                                                         |
| 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: Steven A. Cass STEVEN A. CASS 11/4/2000 956-3940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)