

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90925 034 ***150.00

0563086

DOCUMENT # P97000028394

1. Entity Name

EAGLE BAY INC.

Principal Place of Business

**1202 NORTHWEST 8 AVENUE
 OKEECHOBEE FL 34972**

Mailing Address

**POST OFFICE BOX 2057
 OKEECHOBEE FL 34973-2057**

757998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

OKEECHOBEE FL

3. Mailing Address

PO BOX 2057

Suite, Apt. #, etc.

1202 NW 8th AVE

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

City & State

OKEECHOBEE

4. FEI Number

65-0737530

Applied For

Not Applicable

Zip

Country

34972 USA

Zip

Country

34973 USA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BYRD, DANIEL M
 1202 N.W. 8TH AVENUE
 OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	BYRD, DANIEL MARTIN	
STREET ADDRESS	1202 NORTHWEST 8 AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BYRD, IVY E	
STREET ADDRESS	1202 NORTHWEST 8 AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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: DANIEL M. BYRD *[Signature]* **4.24.2001 863-763-5600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)