

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90082 023 \*\*\*150.00

0634007

**DOCUMENT # P97000089666**

1. Entity Name  
**EAGLEAIR ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
~~4811 ISLAND POND COURT UNIT 602~~      ~~4811 ISLAND POND COURT UNIT 602~~  
~~BONITA SPRINGS FL 33923~~      ~~BONITA SPRINGS FL 33923~~  
**4731 BONITA BAY BLVD**  
**# 2004**  
**BONITA SPRINGS FLA 34134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0790667**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**XSE, INC.**  
**4811 ISLAND POND COURT**  
**UNIT 602**  
**BONITA SPRINGS FL 33923**

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 \_\_\_\_\_ 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, 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       Delete  
 NAME      **DP PAUPORE, CATHERINE L**  
 STREET ADDRESS      ~~111 S LAKESHORE DRIVE~~  
 CITY-ST-ZIP      ~~RACINE WI 53404~~

Change       Addition  
 TITLE      **DP**  
 NAME      **PAUPORE, CATHERINE L**  
 STREET ADDRESS      **4731 BONITA BAY BLVD # 2004**  
 CITY-ST-ZIP      **BONITA SPRINGS FLA 34134**

TITLE       Delete  
 NAME      **DS MAYER, ROGER R**  
 STREET ADDRESS      ~~3917 47TH AVE~~  
 CITY-ST-ZIP      ~~KENOSHA WI 53142~~

Change       Addition  
 TITLE      **DP**  
 NAME      **MAYER, ROGER R**  
 STREET ADDRESS      **4731 BONITA BAY BLVD. # 2004**  
 CITY-ST-ZIP      **BONITA SPRINGS FL 34134**

TITLE       Delete  
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 TITLE       Change       Addition  
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 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: *Catherine L. Paupore*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      **(262) 564-8400**  
 Daytime Phone #

CP2E034 (10/00)