

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90125 039 \*\*\*150.00

DOCUMENT # P98000010587

1. Entity Name

**EAGLE ENGINEERING OF AMERICA, INC.**

Principal Place of Business

Mailing Address

SHADY LANE  
ESTHER FL 32569

7 SHADY LANE  
MARY ESTHER FL 30067-1402

00000000

2. Principal Place of Business

3. Mailing Address

2000 Powers Ferry RD  
Suite, Apt. #, etc.  
300

2000 Powers Ferry RD.  
Suite, Apt. #, etc.  
300

City & State  
Marietta GA

City & State  
Marietta GA

Zip Country  
30067 US

Zip Country  
30067 US

4. FEI Number **59-3508304**

Applied For  
Not Applicable

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

THACKSTON, JAMES D  
7 SHADY LANE  
MARY ESTHER FL 32569

Name **CRAIG BARKER**  
Street Address (P.O. Box Number is Not Acceptable)

**220 ANN CIRCLE #A**

City **DESTIN, FL.** **FL** Zip Code **32571**

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

*Craig H. Barker*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/10/00**

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  Delete  
NAME **D THACKSTON, JAMES D**  
STREET ADDRESS **7 SHADY LANE**  
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **3350 George Busbee Pkwy # 924**  
CITY-ST-ZIP **Kennesaw GA 30144**

TITLE  Delete  
NAME **D BRENNAN, JOHN J JR**  
STREET ADDRESS **2659 BAY ST**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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:

*James D Thackston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

**4/7/00 (770) 989-7420**

CR2E034 (9/99)