

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90004 038 ***150.00

U125038
 11

DOCUMENT # P98000026755

1. Entity Name
EAGLE ALUMINUM INC.



Principal Place of Business: **14345 SE 96TH CT. SUMMERFIELD FL 34491**
 Mailing Address: **14345 SE 96TH CT. SUMMERFIELD FL 34491**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State
 3. Mailing Address: Suite, Apt. #, etc. City & State

4. FEI Number **59-3540602**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, BRIAN
14345 SE 96TH CT.
SUMMERFIELD FL 34491

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.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	ROBINSON, BRIAN
STREET ADDRESS	14345 SE 96TH CT.
CITY-ST-ZIP	SUMMERFIELD FL 34491
TITLE	D <input type="checkbox"/> Delete
NAME	ROBINSON, BRIAN
STREET ADDRESS	14345 SE 96TH CT
CITY-ST-ZIP	SUMMERFIELD FL 34491
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	ROBINSON, ROBERT
STREET ADDRESS	11226 SE 55 AVE RD
CITY-ST-ZIP	BELLEVIEW FL 34420
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date: **7-28-01** Daytime Phone #: **352 427-1023**

CFR2E034 (5/01)

Attachment
A0081513

To Whom it may concern ~~Dept~~ (9800002275)

I called and spoke to a rep. at (850)
489-9000 about this report, that I mailed back
in April ck# 3506 was made out to
the Department of State on April 19, 2001
the check has never cleared but I
figured that it would soon then I
got this notice, was told to mail
\$15000 again with this note. Sorry
for the inconvenience, Any questions
please call (352) 427-1023


President