2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90034 007 ***150.00

DOCUMENT # P99000097841

1. Entity Name
EAGLE AUTO SERVICE CENTER, INC.

600494

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8270 N.W. 174TH PLACE ~~TRENTON FL 32693~~ Fanning Springs Fl. 32693	8270 N.W. 174TH PLACE ~~TRENTON FL 32693~~ Fanning Springs, FL 32693

2. Principal Place of Business	3. Mailing Address
HC 3 Box 30 Suite, Apt. #, etc.	HC 3 Box 30 Suite, Apt. #, etc.
City & State: Old Town Fl	City & State: Old Town Fl
Zip: 32680 Country: Dixie	Zip: 32680 Country: Dixie

4. FEI Number 59-3608085 ☐ 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
WILKS, ROBERT 8270 N.W. 174TH PLACE ~~TRENTON FL 32693~~ Fanning Springs, Fl. 32693	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 Robert Wilks President Robert Wilks 1-3-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WILKS, SUSAN 8270 NW 194 PL 32693 ~~TRENTON FL 32693~~ Fanning Springs Fl	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert Wilks 8270 N.W 174 PL Fanning Springs, Fl. 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Susan Wilks SUSAN WILKS ST 1-3-01 352-542-7603 / 352 463-1681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #