

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 153521

1. Entity Name

ESTUARY CORPORATION

Principal Place of Business

4310 PABLO OAKS CT.
JACKSONVILLE FL 32224
US

Mailing Address

P.O. BOX 19366
JACKSONVILLE FL 32245-9366
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6077639

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

SKELTON, H.J.
4310 PABLO OAKS CT.
JACKSONVILLE FL 32224

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPC									
	DAVIS, A. DANO	5050 EDGEWOOD CT.	JACKSONVILLE FL							
	DVAS									
	DAVIS, ROBERT D.	4310 PABLO OAKS CT.	JACKSONVILLE FL							
	V									
	THORNE, SUSAN C.	4310 PABLO OAKS CT.	JACKSONVILLE FL							
	V									
	CLOWE, D.C.	4310 PABLO OAKS CT.	JACKSONVILLE FL							
	DVT									
	SKELTON, H.J.	4310 PABLO OAKS CT.	JACKSONVILLE FL							
	VAS									
	FRANCIS, H D	4310 PABLO OAKS CT.	JACKSONVILLE FL							

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 C. Thorne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan C. Thorne

1-17-00

904/223-7480

Date

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90011 007 ***150.00



DO NOT WRITE IN THIS SPACE