

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90047 026 ***158.75

DOCUMENT # 353898

1. Entity Name

INDIAN ESTATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Drawer 2707

3. Mailing Address

P.O. Drawer 2707

Suite, Apt. #, etc.

2248 FIRST STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL.

City & State

Fort Myers, FL.

4. FEI Number

59-1300487

Applied For

Not Applicable

Zip

33902

Country

U.S.A.

Zip

33902-2707

Country

U.S.A.

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MR. DENNIS L. AVERY

Street Address (P.O. Box Number is Not Acceptable)

AVERY, WHIGHAM & WINESETT, P.A.

2248 FIRST STREET

City

FORT MYERS,

FL

Zip Code
33901

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

**DPS
PRESCOTT, RICHARD
2248 FIRST STREET
FORT MYERS, FL. 33901**

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Prescott

Richard Prescott

4-17-20027, 20(941) 694-1640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)