FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 27, 2002 8:00 am DOCUMENT # 645913 **Secretary of State** 1. Entity Name 02-27-2002 90073 017 \*\*\*150.00 ESTERO BAY PROPERTIES, INC. Principal Place of Business Mailing Address 7401 ESTERO BLVD. 7401 ESTERO BLVD. P.O. BOX 2459 P.O. BOX 2459 FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33932 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1998675 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, KITTY Street Address (P.O. Box Number is Not Acceptable) 13741 DOWNING LANE Q-2 FORT MYERS FL 33919 City 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 \_\_\_FILE NOW!!!LFEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible... **\$5.00** May Be 10. Election Campaign Financing Tax fijing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Addition TAYLOR, KITTY NAME STREET ADDRESS 13741 DOWNING LN Q-2 STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE ☐ Addition NAME JOHNSON, MICHAEL F. NAME STREET ADDRESS STREET ADDRESS % BAY BEACH, 7401 ESTERD BLVD CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BEACH FL 33931 Delete TITLE ☐ Change ☐ Addition NAME HAKIM, JOSEPH NAME STREET ADDRESS % BAY BEACH, 7401 ESTERD BLVD. STREET ADDRESS CITY-ST-ZIP FT. MYERS BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME FENTON, JACKLY TAYLOR NAME STREET ADDRESS 9124 IRVING ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME LAMBERT, NANCY NAME STREET ADDRESS STREET ADDRESS 210 ESTRELITA ST. CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: