

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90071 043 ***158.75

DOCUMENT # F10203

1. Entity Name

ESTEPONA INVESTMENTS, INC.

Principal Place of Business

1647 SUN CITY PLAZA
 SUITE 204
 SUN CITY CENTER FL 33573
 US

Mailing Address

1647 SUN CITY PLAZA
 SUITE 204
 SUN CITY CENTER FL 33573
 US

B0125858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2038367

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHARMAN, JOHN

1647 SUN CITY PLAZA

SUITE 204

SUN CITY CENTER FL 33573

Name

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

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, 2002 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 PD
 NAME CHARMAN, JOHN
 STREET ADDRESS 1647 SUN CITY PLAZA SUITE 204
 CITY-ST-ZIP SUN CITY CENTER FL 33573

☐ Delete

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of John Charman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARMAN JOHN PRD

Date

Daytime Phone #

4/25/02 2134833351

CR2E034 (9/01)