## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **F81113**

1. Entity Name	ESTMENTS, INC.						
Principal Place o	f Business	Mailing Address	3				
1919 NIGHTFALL D NEPTUNE BEACH I US		1919 NIGHTFALL NEPTUNE BCH FL US					
2. Principal Place	e of Business	3. Mailing Addre	ss				
Suite, Apt. #, etc.		Suite, Apt. #, e	etc.				
City & State		City & State					
Zip	Country	Zip	Country				
	6. Name and Address of Cu	rrent Registered Agent					

## FILED Feb 14, 2001 8:00 am Secretary of State

NEPTUNE BCH FL 32288-1917 US  2. Principal Place of Sveiness Soto, Apt. F., etc. Subs,	וטמטו	NVESTMENTS, INC.						02-14-200	1 90015 0	07 ***15	50.00
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  City & State  City & State  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  Su	1919 NIGHTFALL DRIVE		1919 NIGHTFALL DRIVE NEPTUNE BCH FL 32266-1517			( <b>188</b> 01 <b>88</b> ).ee					
City & State  A. FEI Number 59-28388437   Applicable For Potential For P	2. Principal F	Place of Business	3. Mailing Address								
Zip Country Zip Country S. Country S. Country S. Country S. Conflicate of Status Desired   \$8.75 Additional Fee Required G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	\pt. #, etc.				DO NOT WE	RITE IN THIS	SPACE	
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  FL Zip Code  S. 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  Sprikas, hybrid or serilled name of registered data if applicable.  POTE Registered Agent signature acceptable agent, or both, in the State of Florida.  SIGNATURE  Sprikas, hybrid or serilled train of registered data if applicable.  POTE Registered Agent signature acceptable agent, or both, in the State of Florida.  SIGNATURE  Sprikas, hybrid or serilled train of registered data if applicable.  POTE Registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Sprikas, hybrid or serilled train of registered data if applicable.  POTE Registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  STILL NOW, If FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  NAME  SIGNATURE  STILL NOW, If FEE IS \$150.00  Make Check Payable to Department of State  UNIV. SIGNATURE  UNIV. RICHARD G  SIGNATURE STILL DR  UNIV. RICHARD G  SIGNATURE STILL DR  UNIV. SIGNATURE STILL DR  UNIV. RICHARD G  SIGNATURE STILL DR  S	City & Stat	e	City & State			4.	El Number	59-23384	37		· · · · · · · · · · · · · · · · · · ·
GRUBBS, DARYL 1919 NIGHFALL DR NEPTUNE BCH FL 32266  SIGNATURE  SUBJECT AND STATE ADDRESS AND STREET ADDRESS  GRUBBS, DARYL 1919 NIGHFALL DR NEPTUNE BCH FL 32266  SIGNATURE  SUBJECT AND STATE ADDRESS	Zip	Country	Zip	Coun	try	5. (	Certificate of	Status Desired		\$8.75 A	ditional
RRUBBS, DARYL 1919 NIGHFALL DR NEPTUNE BCH FL 32266  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL State of Florida.  SIGNATURE  Syndra speed or enrist street agent, or both, in the State of Florida.  SIGNATURE  Syndra speed or enrist street agent are all registered agent, or both, in the State of Florida.  SIGNATURE  Syndra speed or enrist street agent ag		6. Name and Address of Current	Registered Agent	1		7, 1	lame and A	ddress of New			<del></del>
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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	1919	NIGHFALL DR			Street Addres	s (P.O. B	lox Number i	s Not Acceptab	ele)		
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   Signat	NEP	TUNE BUTT FL 32200			City				Fi	Zip Co	de
SIGNATURE  9. This corporation is eligible to salisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME LUNDY, RICHARD G 1919 NIGHTFALL DR. NEPTUNE BCH FL 1919 NIGHTFALL DR. NEPTUNE BEACH FL 192266  TITLE NAME UNDY, TERRI J 1919 NIGHTFALL DR. NEPTUNE BCH FL 1919 NIGHTFALL DR NEPTUNE BCH FL 1919 NI	8. The above	named entity submits this statement for	the purpose of changing is	te ragietar	ad office or rogic	torod og	ont or both	in the State of E		1	<del></del>
9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ITLE  NAME LUNDY, RICHARD G 1919 NIGHTFALL DR, NEPTUNE BCH FL. 32266  GITY-ST-2P  TITLE  V KOERNER, KARIN A 1919 NIGHTFALL DR NAME CITY-ST-2P  TITLE  V KOERNER, KARIN A 1919 NIGHTFALL DR NEPTUNE BCH FL. 32266  GITY-ST-2P  TITLE  V KOERNER, KARIN A 1919 NIGHTFALL DR NEPTUNE BEACH FL. 32266  GITY-ST-2P  TITLE  V LUNDY, TERRI J 1919 NIGHTFALL DR NEPTUNE BEACH FL. 32266  GITY-ST-2P  TITLE  V LUNDY, TERRI J 1919 NIGHTFALL DR NEPTUNE BCH FL. 32266  GITY-ST-2P  TITLE  V LUNDY, TERRI J 1919 NIGHTFALL DR NEPTUNE BCH FL. 32266  GITY-ST-2P  TITLE  V LUNDY, TERRI J 1919 NIGHTFALL DR NEPTUNE BCH FL. 32266  GITY-ST-2P  TITLE  V LUNDY, TERRI J 1919 NIGHTFALL DR NEPTUNE BCH FL. 32266  GITY-ST-2P  TITLE  V LUNDY, TERRI J 1919 NIGHTFALL DR NEPTUNE BCH FL. 32266  GITY-ST-2P  TITLE  V LUNDY, TERRI J 1919 NIGHTFALL DR NEPTUNE BCH FL. 32266  GITY-ST-2P  TITLE  V LUNDY, TERRI J 1919 NIGHTFALL DR NAME SIREET ADDRESS GITY-ST-2P  TITLE  NAME SIREET ADDRESS GITY-ST-2P  TITLE  CHange Addition MAME SIREET ADDRESS GITY-ST-2P  TITLE  CHANGE SIREET ADDRESS GITY-ST-2P  TITLE  CHANGE Addition Addition MAME SIREET ADDRESS GITY-ST-2P  TITLE  CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1010 Change Addition Addition Addition Addition Addition AMME SIREET ADDRESS GITY-ST-2P  TITLE  CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1010 Change Addition Addition Addition Addition Addition AMME SIREET ADDRESS GITY-ST-2P  CHANGE SIREET ADDRESS		, , , , , , , , , , , , , , , , , , , ,	and parpose or origing h	ta registere	sa office of regis	itereu agr	ent, or both,	ir die State of F	ionua.		
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Tax filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   Trust Fund Contribution.   \$50.00 May Be (See criteria on back)   Trust Fund Contribution.   \$50.00 May Be (See criteria on back)   Trust Fund Contribution.   \$50.00 May Be (See criteria on back)   Trust Fund Contribution.   \$50.00 May Be (See criteria on back)   Trust Fund Contribution.   \$50.00 May Be (See criteria on back)   Trust Fund Contribution.   \$50.00 May Be (See criteria on back)   Trust Fund Contribution.   \$50.00 May Be (See criteria on back)   Trust Fund Contribution.   \$50.00 May Be (See criteria)   Trust Fund Contribution.   \$60.00 May Be (See criteria)   Trust Fund Contribution.   Trust Fund Co	9. This corpo	pration is eligible to satisfy its Intangible	FILE NOV	V!!! FEE	IS \$150.00						
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