

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

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90016 004 ***150.00

DOCUMENT # K00026
1. Entity Name
ESTATES FINCO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1840 SEMINOLE ROAD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32205	Country	Zip	Country

4. FEI Number 59-2857579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

40033930

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name LYNDA R. AYCOCK	
Street Address (P.O. Box Number is Not Acceptable) 1301 RIVER PLACE BLVD.	
City JACKSONVILLE	
FL	Zip Code 32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MILLER, FRED B., JR. 1840 SEMINOLE RD. JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRUDI M. LOCKWOOD 5122 ARAPAHOE AVE. JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred B. Miller, Jr. **FRED B. MILLER, JR.** **2/18/2008** **(904) 384-6737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #