

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012670

1. Entity Name

ESTATE ADMINISTRATORS, L.L.C.

Principal Place of Business

~~406 EDGEWATER AVE.~~  
~~SYRACUSE IN 33301~~

Mailing Address

~~406 EDGEWATER AVE.~~  
~~SYRACUSE IN 33301~~

2. Principal Place of Business

290 RIVERSIDE AVE.

3. Mailing Address

290 RIVERSIDE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

32953

Country USA

32953

Country USA

4. FEI Number

35-1970006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE  
NO. 1114  
MIAMI BEACH FL 33139-0000

7. Name and Address of New Registered Agent

Name PERRY MOTOLO

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

290 RIVERSIDE AVE.

City MERRITT ISLAND, FL 32953

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

*Perry Motolo* PERRY MOTOLO, MGR

01/21/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME MOTOLO, P  
STREET ADDRESS 406 EDGEWATER AVE.  
CITY-ST-ZIP SYRACUSE IN 48567 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR  
NAME PERRY MOTOLO  
STREET ADDRESS 290 RIVERSIDE AVE.  
CITY-ST-ZIP MERRITT ISLAND, FL 32953 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

*Perry Motolo* PERRY MOTOLO, MGR 01/21/01 (321) 459 7758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 JAN 25 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)