2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2003 8:00 am Secretary of State

05-01-2003 90195 027 ****61.25

1. Entity Nam		# N97000(EST, INC.	005193				01.23			
Principal Place of Business Mailing Address							55043066			
			P.O. BOX 5724 DELTONA FL 32728-5724							
DELIGION AL S	32120-3124		DELIGION TO SEZZOSZE							
2. Principal F	3. Mailing Address	iailing Address			E ARRIMON WHO STAIN ARBIN CHRIST CHRIST BUILD BUILD FRITZ CHAIN TANNE NATION (ATTER LINK ARB)					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			188	CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 5	4. FEI Number 59-3456743 Applied For Not Applicable			
Zip		Country	Zip	Cox	untry	5. Certificate of S	tatus Desired	S8.75 Ac		
	6. Name a	nd Address of Current I	Registered Agent	L		7. Name and Add	Iress of New Reg		BO	
					Name AA-A-A	I ENE DRO	214/42			
HORN, TAMARA							(P.O: Box Number is Not Acceptable) McCLELLAN ST.			
	ANSON DR				293	e Weelt	ELLAN	ST.		
DECTOR	N-FL-32738							·		
						ONA	FL Zip code			
	named entity s		the purpose of changing its	register	red office or reg	gistered agent, or both, in	the State of Florid	a. I am familiar with	and accept	
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SIGNATURE	Hende		A, TREASU					425	<u>23</u>	
	Signature, typed or	printed name of registered agent a	nucinate is abbitcancial (MOII)	нафият	во едентандившие н	equined when reinstating)		DAIE		
	FILE NOW:	FEE IS \$61.25	9, Election Car Trust Fund C		7	\$5.00 May Be		Check Payable Department of		
	FILE NOW:		Trust Fund C	Contribut	tion.	\$5.00 May Be Added to Fees	Florida	Department of	State	
10.	IVO	OFFICERS AND DIR	Trust Fund C		tion.	\$5.00 May Be Added to Fees	Florida ES TO OFFICERS	Department of	State	(20)
10. TITLE NAME	VD DEZARUBA,	OFFICERS AND DIR	Trust Fund C	11. TITU	E D	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florida ES TO OFFICERS	Department of AND DIRECTORS II Change	State	(10/02)
10. TITLE NAME STREET ADDRESS	VD DEZARUBA, 1750 FT. SA	OFFICERS AND DIR	Trust Fund C	11. TITU NAM STRE	EET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Fiorida ES TO OFFICERS DEZ. VIEW 184V	Department of AND DIRECTORS IF Change	State	:U37 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO DEZARUBA, 1750 FT. SA DELTONA FI	OFFICERS AND DIR	Trust Fund C	11. TITU NAM STRE CITY	E D C E EET ADDRESS (-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Fiorida ES TO OFFICERS DEZ. VIEW 184V	Department of AND DIRECTORS IF Change	State	FKEU37 (10/0Z)
10. TITLE NAME STREET ADDRESS	VO OEZARUBA, 1750 FT. SA DELTONA FI PD HARRIS, RA	OFFICERS AND DIR CHARLES ATTH BLVD L 32725 NDOLPH	Trust Fund C	11. TITU NAM STRE	E D C C C C C C C C C C C C C C C C C C	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Fiorida ES TO OFFICERS DEZ. VIEW 184V	Department of AND DIRECTORS IF Change	State	CR2E037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VO DEZARUBA, 1750 FT. SA DELTONA FI PD HARRIS, RA 3370 GEORG	OFFICERS AND DIR CHARLES- ATTH BLVD- L 32725 NDOLPH GE SAULS STREET	Trust Fund C	11. TITLI NAM STRE CITY TITLE NAM STRE	E D C C C C C C C C C C C C C C C C C C	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Fiorida ES TO OFFICERS DEZ. VIEW 184V	Department of AND DIRECTORS IF Change	State	CF2E037 (10/02)
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS-CITY-ST-ZIP TITLE HAME	VO DEZARUBA, 1750 FT. SA DELTONA FI PD HARRIS, RA 3370 GEORG DELTONA FI TD HORN, TAM 2042 SWAN DELTONA FI VD BRYANT, DA 1300 ELKGA	OFFICERS AND DIR CHARLES- MTH-BLVD- L 32725 NDOLPH 3E SAULS STREET L 32738 ARA SON DR L 32738	Trust Fund C	11. ITTLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY	E D C E E E D C E E E E ADDRESS C ST-ZIP E E E E E E E E E E E E E E E E E E E	\$5.00 May Be Added to Fees ADDITIONS/CHANGE JOHN HERNAN, 1360 PROVIDE DELTONA, FOR MELENE DELTONA, FOR DELT	FIORIDA ESTO OFFICERS DEZ VACE 1814 T. EDRO CLELLA FL 3	Department of AND DIRECTORS II Change Change Change Change	State J 10 Addition Addition Addition	CHZE037 (10/02)
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.