2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
09-18-2000 90038 022 ***550.00
FILED
00 OCT 10 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000001379

1. Entity Name

ESTELLE VILLAS, INC.

Principal Place of Business	Mailing Address
104 NORTH CHURCH ST. KISSIMMEE FL 34741-5055	104 NORTH CHURCH ST. KISSIMMEE FL 34741-5055

2. Principal Place of Business	3. Mailing Address
KISSIMMEE, FL	3501 W. VINE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. 513
City & State	KISSIMMEE, FL
Zip / Country	Zip 34741 Country U.S.A.

FEI Number: UK3623919 — Applied For / Not Applicable

Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

[struck through]
104 NORTH CHURCH ST.
KISSIMMEE FL 34741-5055

7. Name and Address of New Registered Agent

Name: LINDSEY HANSON
Street Address (P.O. Box Number is Not Acceptable): 3501 W. VINE ST. SUITE 513
City: KISSIMMEE FL Zip Code: 34741

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] CD, 9-15-00 [signature] 10/10/00
(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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + CEO JOHN McCLELLAND c/o 3501 W. VINE ST. E KISSIMMEE, FL 34741 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUSINESS MANAGER LINDSEY HANSON 3501 W. VINE ST. KISSIMMEE, FL, 34741 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 10/10/00 407 569 2358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)