FILED
Jul 05, 2001 8:00 am
Secretary of State
05-17-2001 91072 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004119

1. Entity Name
ESTATES INTERNATIONALE, INC.

(LA)

Principal Place of Business	Mailing Address
10175-4 SIX MILE CYPRESS PKWY. FT. MYERS FL 33912	10175-4 SIX MILE CYPRESS PKWY. FT. MYERS FL 33912

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
959 PERIWINKLE WAY,	959 Periwinkle way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANIBEL, FL.	City & State: Sanibel FL
Zip: 33957 Country: LEE	Zip: 33957 Country: LEE

4. FEI Number: 65-1050578 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, LANCE M
10175-4 SIX MILE CYPRESS PKWY.
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name: JERRY J. NOVELLI
Street Address (P.O. Box Number is Not Acceptable): 959 PERIWINKLE WAY
Jerry J. Novelli, "Admin. Asst"
City: SANIBEL, FL. Zip Code: 33957

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: JoAnne B. Novelli, Pres. Jerry J. Novelli 6-30-01
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, 2001 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	PRES. JOANNE B. NOVELLI 1309 PARVIEW DR. SANIBEL, FL. 33957 ☐ 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
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CR2E034 (10/00)

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: Jerry J. Novelli, Admin. ASST. 4-30-01 941 395 1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JoAnne B. Novelli PRES. 6-10-01 941 395 1200