

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91061 003 ***150.00

DOCUMENT # P01000046795

1. Entity Name
ESTEEMWORKS, INC.



Principal Place of Business
**7845 BAYMEADOWS WAY
JACKSONVILLE FL 32256**

Mailing Address
**7845 BAYMEADOWS WAY
JACKSONVILLE FL 32256**

2. Principal Place of Business
MINING
5875 MINING Terrace
Suite, Apt. #, etc.
Suite 208

3. Mailing Address
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

4. FEI Number **59-3731324**

Applied For
Not Applicable

Zip **32257**

Country **US**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANTINBERG, RICHARD J ESQ. -
200 W FORSYTH STREET, STE 1200
JACKSONVILLE FL 32202**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SIMS, MICHAEL**
STREET ADDRESS **7845 BAYMEADOWS WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **D** ☐ Delete
NAME **COOK, DEAN M**
STREET ADDRESS **3910 COLONY COVE TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7845 Baymeadows Way**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☐ Delete
NAME **HARRIS, THOMAS K**
STREET ADDRESS **8121 MAR DEL PLATA STREET EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7845 BAYMEADOWS WAY**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☐ Delete
NAME **PRINCE, SAMUEL D**
STREET ADDRESS **12310 HOWTERS HAVEN LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7845 BAYMEADOWS WAY**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF RICHARD J. LANTINBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

904/886-4511

Daytime Phone #

CR2E034 (10/02)