

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90943 011 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000099794			
1. Entity Name ESTE-CRAFT ENTERPRISES, INC.			
Principal Place of Business 18790 49TH STREET NORTH CLEARWATER, FL 33762		Mailing Address 18790 49TH STREET NORTH CLEARWATER, FL 33762	
2. Principal Place of Business 13790 49th St N.		3. Mailing Address 13790 49th St N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER FL		City & State CLEARWATER FL	
Zip 33762	Country PINELLAS	Zip 33762	Country PINELLAS
4. FEI Number 59-3756873		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEBERT, JAY A HEBERT LAW GROUP, P.A. 13660 49TH STREET N SUITE 1 CLEARWATER, FL 33762		7. Name and Address of New Registered Agent ALBERT A. ESTES SR. 13790 49th St N CLEARWATER FL 33762	
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 <u>Albert A. Estes Sr.</u> DATE _____ Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent Signature required when changing)			
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 NAME STREET ADDRESS CITY-ST-ZIP	D ESTES, ALBERT A SR 18790 49TH STREET NORTH CLEARWATER, FL 33762 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTES, ALBERT A. SR. 13790 49th St N CLEARWATER FL 33762 ☒ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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, without other like empowerment.			
SIGNATURE: <u>Albert A. Estes Sr.</u>		Date: <u>4/09/03</u> 727/58-9999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)