

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90059 007 ***158.75

DOCUMENT # P02000064990

1. Entity Name
OBED LUIS ESTRADA, INC



Principal Place of Business
10432 BROOK WOOD BLUFF RD S
JACKSONVILLE FL 32225

Mailing Address
10432 BROOK WOOD BLUFF RD S
JACKSONVILLE FL 32225



2. Principal Place of Business **3. Mailing Address**
10432 BROOK WOOD BLUFF RD S **10432 BROOK WOOD BLUFF RD S**

Suite, Apt. #, etc.
HOUSE

Suite, Apt. #, etc.
HOUSE

☐ CHECK HERE IF MAKING CHANGES

City & State
JAX - FL

City & State
JAX - FL

4. FEI Number
27-0019005

Applied For
Not Applicable

Zip
32225

Country

Zip
32225

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

ESTRADA, OBED L
10432 BROOK WOOD BLUFF RD S
JACKSONVILLE FL 32225

Name
Estrada, Obad L.
Street Address (P.O. Box Number is Not Acceptable)
10432 BROOK WOOD BLUFF RD S
City **JAX** **FL** **Zip Code** **32225**

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)

03/04/03 **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ESTR	<input type="checkbox"/> Delete
NAME	ADA, OBED L	
STREET ADDRESS	10432 BROOK WOOD BLUFF RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03 **(904) 722-8948**
Date **Daytime Phone #**

CR2E034 (10/02)