

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90216 030 \*\*\*150.00

**DOCUMENT # P02000089459**

1. Entity Name  
**ESTUARY PROPERTIES, INC.**



Principal Place of Business  
239 E SHALLOWS DR  
SANTA ROSA BCH FL 32459

Mailing Address  
239 E SHALLOWS DR  
SANTA ROSA BCH FL 32459



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**204 Ivy Ln**  
Suite, Apt. #, etc.

3. Mailing Address  
**204 Ivy Ln.**  
Suite, Apt. #, etc.

City & State **Santa Rosa Beach FL**  
Zip **32459** Country **Walton**

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Zip **32459** Country **Walton**

4. FEI Number  
**55-0797810**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ANDREWS, ANGUS G**  
**694 BALDWIN AVE STE 1**  
**DEFUNIAK SPRINGS FL 32435**

7. Name and Address of New Registered Agent

Name **R.C. Page**  
Street Address (P.O. Box Number is Not Acceptable)  
**204 Ivy Ln Santa Rosa Beach**  
City **Santa Rosa Beach** FL Zip Code **32459**

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 **R.C. Page President**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4-7-03**  
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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Andrews Angus G</b> <input checked="" type="checkbox"/> Delete <b>694 Baldwin Ave Ste. 1</b> <b>Defuniak Springs FL 32435</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. R.C. Page</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>204 Ivy Ln. Santa Rosa Beach FL</b> <b>32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **R.C. Page**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-03**  
Date

**817/715-9419**  
Daytime Phone #

CR2E034 (10/02)