

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

DOCUMENT # P02000131263

1. Entity Name

ESTRATEGIES, INC.



03-17-2003 90355 001 *****8.75
03-17-2003 90355 002 ***150.00

Principal Place of Business
105 MEADOW WOODS LANE
NICEVILLE FL 32578
US

Mailing Address
105 MEADOW WOODS LANE
NICEVILLE FL 32578
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1040701

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROSS, AUDREY
105 MEADOW WOODS LANE
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

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

TITLE TREA ☐ Delete
NAME ROSS, AUDREY
STREET ADDRESS 105 MEADOW WOODS LANE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE PRES ☐ Delete
NAME JOYNER, MELISSA M
STREET ADDRESS 114 MEADOW WOODS LANE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE VP ☐ Delete
NAME OSTOYIC, AUDREY A
STREET ADDRESS 2745 RYAN LANE
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☒ Addition
NAME RAYMOND W. ROSS
STREET ADDRESS 105 MEADOW WOODS LANE
CITY-ST-ZIP NICEVILLE, FL. 32578

TITLE VP ☒ Change ☐ Addition
NAME JOYNER, MELISSA M
STREET ADDRESS 162 BRAMBIEST.
CITY-ST-ZIP SANTA ROSA BEACH FL. 32459

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

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

TITLE ☐ Change ☐ Addition
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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

850-897-0635

CR2E034 (10/02)