

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014335

1. Entity Name
E.S.T., INC.

FILED
00 JUN 30 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
YOUNG STREET
FL 32935

Mailing Address
587 YOUNG STREET
MELBOURNE FL 32935-7058

2. Principal Place of Business
589 YOUNG ST
Suite, Apt. #, etc.

3. Mailing Address
589 YOUNG ST
Suite, Apt. #, etc.

City & State
MELBOURNE FL
Zip 32935 Country USA

City & State
MELBOURNE FL
Zip 32935 Country USA

4. FEI Number 59-3371946

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TUCKER, EDWARD S
587 YOUNG STREET
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
589 YOUNG ST
City MELBOURNE FL Zip Code 32935

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, EDWARD S	
STREET ADDRESS	587 YOUNG STREET	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	589 YOUNG ST	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	00000332	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-07/19/00--01036--031	
STREET ADDRESS	*****50.00 *****50.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

6/8/2000 321 254
Date Daytime Phone # 1766

CR2E034 (9/99)