DOCUMENT # P9600072737 1. Entity Name VARO ESTATES, INC.				FILED Jan 09, 2001 8:00 am Secretary of State		
Principal Place of Business 605 BAYVIEW DRIVE BELLEAIR FL 33756 US		01-09-2001 90011 010 ***150.00				
2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address K Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State City & State FLORIDA	City & State		4.	FEI Number 59-3398322	Applied For Not Applicable	
Zip Country 33756 U.S.A.	Zip 💃	Country	5. (Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Re	gistered Agent		7. 1	Name and Address of New Register	ed Agent	[-]
LOVELACE, WILLIAM K 2310 W BAY DRIVE LARGO FL 33770			Street Address (P.O. Box Number is Not Acceptable)			
		<u> </u>			Zip Code	
The above named entity submits this statement for the statement for the SIGNATURE Signature, typed or printed name of registered agent and printed name of the printe		registered office or regis E: Registered Agent signature requ			ле	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	!!! FEE IS \$150.00 101 Fee will be \$550.00 ble to Department of S)	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11. OFFICERS AND DI		12.	AD	DITIONS/CHANGES TO OFFICERS		6
COURTNEY, W R 605 BAYVIEW DRIVE ST-ZIP BELLEAIR FL 34616		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition .	E034 (10/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	CR2
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
13. I hereby certify that the information supplied with the indicated on this report or supplemental report is the of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with	ue and accurate and that re ered to execute this report	ny signature shall have th	e same 107, Flori	legal effect as if made under oath; tha	at I am an officer or director	
SIGNATURE:	ITED NAME OF SIGNING OFFICER	Brasidant)	1 4 01 72:	1 · 586 · 6667 . Daytime Phone #	
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