

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 06, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000076065****1. Entity Name**
ENGLISH ESTATES, INC.**Principal Place of Business**

904 ANASTASIAN BLVD.

ST. AUGUSTINE
32084

FL

Mailing Address

904 ANASTASIAN BLVD.

ST. AUGUSTINE
32084

FL

2. Principal Place of Business

904 ANASTASIA BLVD.

3. Mailing Address

904 ANASTASIA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. AUGUSTINE

FL

City & State

ST. AUGUSTINE

FL

4. FEI Number**59-3401496**

Applied For

Not Applicable

Zip
32080

Country

Zip
32080

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**BROWN ANTHONY W
904 ANASTASIA BLVD.ST. AUGUSTINE
32084

FL

7. Name and Address of New Registered Agent**Name**

BROWN ANTHONY W

Street Address (P.O. Box Number is Not Acceptable)

904 ANASTASIA BLVD.

City

ST. AUGUSTINE

FL**Zip Code**
32080**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)

07/06/2000

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	PD	<input type="checkbox"/> Delete
NAME	BROWN ANTHONY W	
STREET ADDRESS	904 ANASTASIA BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	

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	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN ANTHONY W		
STREET ADDRESS	904 ANASTASIA BLVD.		
CITY-ST-ZIP	ST. AUGUSTINE FL 32080		

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		

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:** Anthony W. Brown

PD 07/06/2000