

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033371

1. Entity Name

BARBARA W. ESTES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90132 029 ***150.00

Principal Place of Business

Mailing Address

3501 DEL PRADO BLVD
 SUITE 200
 CAPE CORAL FL 33904

3501 DEL PRADO BLVD
 SUITE 200
 CAPE CORAL FL 33904-7210

2. Principal Place of Business

3501 DEL PRADO BLVD

3. Mailing Address

3501 DEL PRADO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

205

City & State

City & State

CAPE CORAL FL

CAPE CORAL FL

Zip

Country

Zip

Country

33904

USA

33904

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0828511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTES, BARBARA W
 3501 DEL PRADO BLVD
 SUITE 200
 CAPE CORAL FL 33904

Name

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

3501 DEL PRADO BLVD #205

City

CAPE CORAL

FL

Zip Code

33904

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

Barbara W. Estes

BARBARA W. ESTES

4/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ESTES, BARBARA W
 CITY-ST-ZIP 3501 DEL PRADO BLVD., SUITE 200
 CAPE CORAL FL 33904

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3501 DEL PRADO BLVD #205
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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

Barbara W. Estes

BARBARA W. ESTES

Date

4/24/00

Daytime Phone #

941-945-2475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR