

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069557

1. Entity Name

ESTES AND ASSOCIATES, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90014 042 ***150.00

Principal Place of Business 700 N WICKHAM RD. STE 206 MELBOURNE FL 32935-8865		Mailing Address 930 FOSTORIA DR MELBOURNE FL 32940-1512	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	75-2542890	Applied For
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESTES, SUZANNE 930 FOSTORIA DR MELBOURNE FL 32940		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.

SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *
ESTES, SUZANNE 930 FOSTORIA DR MELBOURNE FL 32940			
CEO ESTES, ROBERT 930 FOSTORIA DR MELBOURNE FL 32940	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> *
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> *
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> *
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> *
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> *
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> *

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] (321) 255-7630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR January 24, 2000 Date Daytime Phone #