

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90133 024 ***150.00

DOCUMENT # P99000018395

1. Entity Name
THREE MARTINI SISTERS ENTERPRISES, INC.

Principal Place of Business 13302 PALM BEACH BOULEVARD FORT MYERS FL 33905	Mailing Address 13302 PALM BEACH BOULEVARD FORT MYERS FL 33905
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0897154**

Applied For
Not Applicable

Zip Country Zip Country

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

PINGLETON, VICTORIA L
13302 PALM BEACH BOULEVARD
FORT MYERS FL 33905

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 *Victoria L Pingleton* DATE 4-29-01
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	PINGELTON, VICTORIA L	ROUTE 2 BOX 4 SEMINOLE ROAD	LABELLE FL 33935	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
D	TIMMONS, BEVERLY	4071 E. SUNFLOWER CIRCLE	LABELLE FL 33935	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
D	JONES, MARY B	401 11TH ST. WEST	LEHIGH ACRES FL 33936	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

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: *Victoria L Pingleton* Victoria L Pingleton 4-29-01 941-694-2827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)