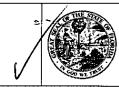
## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT** # P99000043316

1. Entity Name

ESTATE SALE SERVICES, INC.

2. Principal Place of Business



## FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90761 047 \*\*\*150.00

70026704

## DO NOT WRITE IN THIS SPACE

3. Mailing Address

206 SE 45TH TERRACE		206 SE 45	206 SE 45TH TERRACE					
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State CAPE COI		City & State CAPE CORA	City & State CAPE CORAL, FL			4. FEI Number Applied For 65–0921535 Not Applicable		
Zip <b>339</b> 04	Country UTS.A.	Zip 33904	Country U.S.A.		5. Certificate of Status Desired   \$8.75 Additional Fee Required			
				7. Name and Address of Current Registered Agent				
				Name VALLERIE MINOTTI				
DO NOT WRITE				Street-Address (P.OBox Number is Not-Acceptable)				
IN THIS SPACE				206 SE 45TH TERRACE				
April 1997 - Chillip (1978-1975) Canada Oliver - American Inc.		FAUE	ar et de la		•			
				City CAPE	CORAL	FL	Zip Code 33904	
8. The above	named entity submits this statement	for the purpose of chang	ing its registere			of Florida. I am fam		
the obligation	ons of registered agent.							
	, 🛵							
SIGNATURE _	Signature, typed or printed name of registered age	ant and title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstating)	DATE	<del></del> -	
	uary 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25				Election Campain     Trust Fund Contr		\$5.00 May Be	
Make Check	Payable to Florida Department	of State			rust curio Coria	Duttori,	Added to Fees	
10.	- OFFICERS AN	D DIRECTORS		Mark actal		Marka A. L. W.		
TITLE	PRESIDENT		#TITLE			· · · · · · · · · · · · · · · · · · ·	2 - Wa	
NAME	VALLERIE MINOTTI		NAMI			中華 通過するない かい	Control of the second	
STREET ADDRESS	SS 206 SE 45TH TERRACE			STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33	904	СПҮ	ST-ZIP	er var og sentra som som en en er		4	
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STREET ADDRESS				T ADDRESS	- DO NO	T WRIT	C	
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NAME			NAME	PROTECTION SHOWS AND				
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NAME			NAME		English Services Commencer	ing the second s	and the second second	
STREET ADDRESS		•	CTRET	TAMPRECE	Managan Angla (1994) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	park 聯、 42		

12. Thereby 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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Mellevie Muratti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-03 239-770-160