

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90518 020 ***150.00

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DOCUMENT # P99000048639

1. Entity Name
ESTERO CARPENTRY, INC.



Principal Place of Business
21400 RIVER RANCH RD.
ESTERO FL 33928

Mailing Address
P O BOX 10024
NAPLES FL 34101

11004131



2. Principal Place of Business

3. Mailing Address

21400 RIVER RANCH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ESTERO, FL

4. FEI Number 65-0925740

Applied For
Not Applicable

Zip

Country

Zip

33928

Country

US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWBERRY, JAY
21400 RIVER RANCH RD.
ESTERO FL 33928

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NEWBERRY, JAY | |
| STREET ADDRESS | 21400 RIVER RANCH RD. | |
| CITY-ST-ZIP | ESTERO FL 33928 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HORTON, CURTIS | |
| STREET ADDRESS | 20930 SANDY LANE | |
| CITY-ST-ZIP | ESTERO FL 33928 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jay M Newberry
Jay M Newberry

4/16/03

Date

239 209 6259

Daytime Phone #

CR2E034 (10/02)