2000 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2000 8:00 am DOCUMENT # **P99000059655** 1. Entity Name Secretary of State ESTES BAYPOINT PROPERTIES INCORPORATED 02-21-2000 90021 006 ***150.00 Principal Place of Business Mailing Address 701 E COMMERCIAL BLVD. SUITE 100 701 E COMMERCIAL BLVD. SUITE 100 FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334-3240 2. Principal Place of Business 3. Mailing Address 3300 895 NE 33 M 2895 NE Apra Apr 2 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc <u>Αρτ.</u> 2 Applied For City & State 4. FEI Number City & State Not Applicable T. LAUDENDALE untry \$8.75 Additional 5. Certificate of Status Desired JJ3306 USA 3*336*6 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESTES CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET PROPERTIES TALLAHASSEE FL 32301-2525 334 CT 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 (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ___Change Addition TITLE ☐ Delete TITLE 6 verisenc ME ESTES NAME NAME 95 NE 33 MA CT. STREET ADDRESS STREET ADDRESS LAUADRA ALU , FL. 33306 CITY-ST-ZIP CITY-ST-7/P Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition