

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90059 025 ***150.00

DOCUMENT # **F98000001447**



1. Entity Name
ESSENTIAL NETWORKS CORPORATION

Principal Place of Business
**2544 E LANDSTREET RD
SUITE 100
ORLANDO FL 32824**

Mailing Address
**2544 E LANDSTREET RD
SUITE 100
ORLANDO FL 32824**



2. Principal Place of Business
8440 Tradeport Dr

3. Mailing Address
8440 Tradeport Dr.

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number **54-1826795**

Applied For
 Not Applicable

Zip **32827** Country **US**

Zip **32827** Country **US**

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

**TORREGROSSA, TRACY
2544 E LANDSTREET RD
ORLANDO FL 32824**

Name
Street Address (P.O. Box Number is Not Acceptable)
13842 Marine Dr.
City **Orlando** FL Zip Code **32832**

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

4-17-03

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BRANDT, THOMAS E	
STREET ADDRESS	12644 LAKE MARY JANE ROAD	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

4072511400

DATE

DAYTIME PHONE #

CR2E034 (10/02)