

FILED

01 SEP -6 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054791

1. Entity Name
E.S.A. INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business Mailing Address
29467 US 18 NORTH 1588 PINE COVE LANE
300 CLEARWATER FL 34611
CLEARWATER FL 34611 US
US

2. Principal Place of Business 3. Mailing Address
2588 Pine Cove Lane P.O. Box 746
State, Apt. #, etc. State, Apt. #, etc.

City & State City & State
CLEARWATER, Florida PALM HARBOR, FLORIDA
ZIP ZIP
33761 34682-0746
County County
Pinellas Pinellas

DO NOT WRITE IN THIS SPACE
05-14-2001 90072-041-15875
58-3386717

4. FEI Number: 58-3386717
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARGOT PEURGOT, P.A.
184 6TH AVENUE SW
LARGO FL 33770

7. Name and Address of New Registered Agent
Name: SPIEGEL & UTERRA
Street Address (P.O. Box Number is Not Applicable)
343 ALMERIA AVENUE
City: CORAL GABLES FL Zip Code: 33134

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: *[Signature]* 8/29/01
DATE

9. This corporation is eligible to satisfy its corporate tax filing requirements and elects to do so
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director		President Rebecca Andriansky P.O. Box 746 PALM HARBOR, FL 34682-0746	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
None		Vice President Julian Drew P.O. Box 1826 Quincy, AL 32353-1826	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

SIGNATURE: *[Signature]* 9/25/2001 727-510-9396
DATE OFFICER'S NAME

Rebecca Andriansky

CR0208 (1/00)