

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000068963

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: ESCAPING THE BOX, INC.

Current Principal Place of Business:

4102 W BAY AVE
TAMPA, FL 33617

New Principal Place of Business:

1401 HOLLEMAN DR
VALRICO, FL 33594

Current Mailing Address:

4102 W BAY AVE
TAMPA, FL 33617

New Mailing Address:

1401 HOLLEMAN DR
VALRICO, FL 33594

FEI Number: 59-3641646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESSON, PAUL V
4102 W BAY AVE
TAMPA, FL 33617

Name and Address of New Registered Agent:

PRESSON, PAUL V
1401 HOLLEMAN DR
VALRICO, FL 33594

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: _____

Electronic Signature of Registered Agent

04/30/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: PRESSON, PAUL V
Address: 4102 W BAY AVE
City-St-Zip: TAMPA, FL 33616

Title: C () Delete
Name: PRESSON, PAUL V
Address: 4102 W BAY AVE
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: PRESSON, PAUL V
Address: 1401 HOLLEMAN DR
City-St-Zip: VALRICO, FL 33594

Title: C (X) Change () Addition
Name: PRESSON, PAUL V
Address: 1401 HOLLEMAN DR
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL V. PRESSON

Electronic Signature of Signing Officer or Director

PTSD

04/30/2002

Date