

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90044 031 ***150.00

DOCUMENT # F98000001447

1. Entity Name
ESSENTIAL NETWORKS CORPORATION

Principal Place of Business
8440 TRADEPORT DRIVE, STE. 108
ORLANDO FL 32827

Mailing Address
8440 TRADEPORT DRIVE, STE. 108
ORLANDO FL 32827

2. Principal Place of Business
2544 E. LANDSTREET ROAD
Suite, Apt. #, etc.
STE 100
City & State
ORLANDO, FL
Zip
32824
Country
USA

3. Mailing Address
2544 E. LANDSTREET RD.
Suite, Apt. #, etc.
STE 100
City & State
ORLANDO
Zip
32824
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1826795
Applied For
Not Applicable

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
8440 TRADEPORT DRIVE, SUITE 108
ORLANDO FL 32827

Name
TRACY TORREGROSSA
Street Address (P.O. Box Number is Not Acceptable)
2544 E. LANDSTREET RD.
City
ORLANDO FL Zip Code
32824

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P BRANDT, THOMAS E 12644 LAKE MARY JANE ROAD ORLANDO FL 32832	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRANDT, BENJAMIN 13307 LAKE MARY JANE ROAD ORLANDO FL 32832	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 407-251-1400
Date Daytime Phone #

CR2E034 (10/00)