

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000001540**

1. Entity Name

ESAVIO SERVICES CORPORATION**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90149 041 ***158.75

Principal Place of Business

**1000 WEST LAKES DR., STE. 150
BERWYN PA 19312**

Mailing Address

**1000 WEST LAKES DR., STE. 150
BERWYN PA 19312**

2. Principal Place of Business

92 West Lancaster Ave.

3. Mailing Address

92 West Lancaster Ave.

Suite, Apt. #, etc.

1st Floor

Suite, Apt. #, etc.

1st Floor

City & State

Devon, PA

City & State

Devon, PA

Zip

19333

Country

USA

Zip

19333

Country

USA4. FEI Number **51-0345962**

Applied For:

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIZARRO, PETE R
14750 N.W. 77 COURT
SUITE 225
MIAMI LAKES FL 33016**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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

TITLE **PCEO** ☐ Delete
NAME **JAMES, JOSEPH F**
STREET ADDRESS **1000 WEST LAKES DR., STE. 150**
CITY-ST-ZIP **BERWYN PA 19312**TITLE **COO** ☐ Delete
NAME **PIZARRO, PETE**
STREET ADDRESS **14750 N.W. 77 COURT, STE. 225**
CITY-ST-ZIP **MIAMI LAKES FL 33016**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(b), 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: **Pete R. Pizarro****C.O.O.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305.698.0870

CR2E034 (10/00)