AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 28 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G49531

1. Entity Name

E.S.I. INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3030 N. Rocky Point Dr. W.	3030 N. Rocky Point Dr. W.
Suite, Apt. #, etc. 770	Suite, Apt. #, etc. 770
City & State TAMPA, FLORIDA	City & State TAMPA, FLORIDA
Zip 33607 Country USA	Zip 33607 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 592344013 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of ~~Current~~ Registered Agent

Name STEVEN G. WENZEL

Street Address (P.O. Box Number is Not Acceptable) 633 N. FRANKLIN ST.

SUITE 500

City TAMPA, FL Zip Code 33602

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 Steven G Wenzel Steven G WENZEL 10-22-02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT / TREASURER / DIRECTOR
NAME	WINSTON WALLACE
STREET ADDRESS	3030 N. ROCKY PT. DR. W. #770
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VICE PRESIDENT / SECRETARY / DIRECTOR
NAME	STANLEY ADWELL
STREET ADDRESS	3030 N. ROCKY PT. DR. W. #770
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	ASST. SECRETARY
NAME	STEVEN G. WENZEL
STREET ADDRESS	633 N. FRANKLIN ST. #500
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
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TITLE	800008634668
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steven G Wenzel Steven G Wenzel 10-22-02 813 224-0431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst Secy Date Daytime Phone #