

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H09007**

1. Entity Name

ESPRIT COMMUNICATIONS, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90099 035 ***150.00

Principal Place of Business

Mailing Address

% WILLIAM WATSON TRICK, JR.
660 S. FEDERAL HWY., 3RD FL
POMPANO BEACH FL 330627027 W BROWARD BLVD
SUITE 402
PLANTATION FL 33317-2208
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7027 W BROWARD BLVD

PMB 402

PLANTATION FL

33317-2208

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2425534

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

TRICK, WILLIAM WATSON JR.
660 S. FEDERAL HWY., 3RD FL
POMPANO BEACH FL 33062

Name

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

City

FL

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	SAMMIS, PATRICIA H	11501 NW 18 CT	PLANTATION FL 33323	
	VSD			
	SAMMIS, WALTER W	11501 NW 18 CT	PLANTATION FL 33323	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

Walter W Sammis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/00 (954)414-9826