2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# H22788

Entity Name: ESROM INC.

Current Principal Place of Business:

1855 WEST S.R. 434, SUITE 260
LONGWOOD, FL 32750

New Principal Place of Business:

443 RIVER ISLE CT.
LONGWOOD, FL 32779

Current Mailing Address:

443 RIVER ISLE COURT
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2449115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROTMAN, LESTER M.
ESROM,INC. D/B/A MAIN ST.INVESTMENTS
1843 S.R. 434,STE.105
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

BROTMAN, LESTER M.
ESROM,INC. D/B/A MAIN ST.INVESTMENTS
443 RIVER ISLE CT.
LONGWOOD, FL 32779 US

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: LESTER BROTMAN 05/01/2002
Electronic Signature of Registered Agent 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: PST ( ) Delete
Name: BROTMAN, LESTER M.,
Address: 117 RED BAY DR.
City-St-Zip: LONGWOOD, FL

Title: V ( ) Delete
Name: MORSE, WILLIAM M.,
Address: 117 RED BAY DR.
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: BROTMAN, LESTER M.,
Address: 443 RIVER ISLE CT.
City-St-Zip: LONGWOOD, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LESTER BROTMAN P 05/01/2002
Electronic Signature of Signing Officer or Director Date