## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

with an address, with all other

ke empowered

## May 12, 2002 8:00 am Secretary of State DOCUMENT # K02181 1. Entity Name 05-12-2002 90641 044 \*\*\*150 00 E & S WAREHOUSE, INC. Principal Place of Business Mailing Address % DEAN SCHLOSSER % DEAN SCHLOSSER 1635 12TH ST 1635 12TH ST. SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0018316 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHLOSSER, DEAN Street Address (P.O. Box Number is Not Acceptable) 1635 12TH ST. SARASOTA FL 34236 Zip Code City FL 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. SÍGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE. Change ☐ Addition NAME HOEFLING, CHARLES NAME STREET ADDRESS STREET ADDRESS 5712 8TH AVE. DR. W. CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL TITLE DST ☐ Delete TITLE Change ☐ Addition NAME NAME SCHLOSSER, DEAN STREET ADDRESS STREET ADDRESS 1635 12TH ST. CITY-ST-ZIP Sarasota Fl Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

FILED