

3/5/01-90353-023-
* 7/24/01-90005-4

FILED
Aug 22, 2001 8:00 am
Secretary of State

03-05-2001 90353 023 ***158.75
07-24-2001 90005 039 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K78360**

1. Entity Name
ESSIAC PRODUCTS SERVICES, INC.

LA

Principal Place of Business
**910 SE 5TH TERRACE
POMPANO BEACH FL 33060**

Mailing Address
**910 SE 5TH TERRACE
POMPANO BEACH FL 33060**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
230 S Cypress Rd E

3. Mailing Address
P.O. Box 6013

City & State
Pompano Bch. Fl.

City & State
Pompano Bch Fl.

4. FEI Number **65-0121769**

Applied For
 Not Applicable

Zip **33060** Country **US**

Zip **33060** Country **US**

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

**GAULIN, PIERRE
910 SE 5TH TERRACE
POMPANO BEACH FL 33060**

Name **Gaulin Pierre**
Street Address **P.O. Box 6013**
City **Pompano Bch FL** Zip **33060**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
NAME **GAULIN, PIERRE ANDRE**
STREET ADDRESS **910 SE 5TH TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **DP** Change Addition
NAME **230 S Cypress Rd E** (S/Change)
STREET ADDRESS **P.O. Box 6013 Pompano Bch. Fl. 33060**
CITY-ST-ZIP **SURF-C**

TITLE **D** Delete
NAME **BLODIN, GILBERT**
STREET ADDRESS **390 RIDEAUST, BOX 20111**
CITY-ST-ZIP **OTTAWA CANADA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 recipient of assets 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

use this

CR0204 (5/01)