## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # M64967** 1. Entity Name **ESVI CORPORATION** 01-23-2001 90026 010 \*\*\*150.00 Principal Place of Business Mailing Address 1860 FOREST HILL BLVD. 1860 FOREST HILL BLVD. SUITE 105 SHITE 105 901341 W. PALM BCH. FL 33406 WEST PALM BEACH FL 33406 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0090680 Applied For Not Applicable Ziρ Country Country \$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 GRANTHAM, KIRK Street Address (P.O. Box Number is Not Acceptable) 1860 FOREST HILL BLVD., #105 WEST PALM BEACH FL 33406 Zip Code 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 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE CHANGE ADDRESS: Change ☐ Addition TIKKANEN, ESKO NAME NAME c/o Kirk Grantham STREET ADDRESS KYLANVANHIMMANKUJA 3-5A STREET ADDRESS 1860 Forest Hill Blvd #105 CITY-ST-ZIP HELSINKI: PINLAND. CITY-ST-ZIP West Palm Beach FT 33406 TITLE ··.\_] Delete TITLE ☐ Addition CHANGE ADDRESS: TIKKANEN, ESKO NAME NAME c/o-Kirk Grantham KY<del>LANVANHIMMANKUJA-</del>3-5A STREET ADDRESS STREET ADDRESS 1860 Forest Hill Blvd #105 CITY-ST-ZIE HELSINKI, FINLAND CITY-ST-ZIP West Palm Beach FL 33406 TITLE Change ☐ Delete ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: -

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-8-01 561-966-6211

Date Dayline Phone #