

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009887 AF

DOCUMENT # M97000000654

1. Entity Name
ESI SOLUTIONS LLC

00 APR 28 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3200 COMMONWEALTH BLVD.
TALLAHASSEE FL 32303

Mailing Address
3200 COMMONWEALTH BLVD.
TALLAHASSEE FL 32303-3173



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3416571

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, DAVID S
3200 COMMONWEALTH BLVD.
TALLAHASSEE FL 32303

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM MURPHY, DAVID S ☐ Delete
STREET ADDRESS 3200 COMMONWEALTH BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 7000003249867--0
CITY-ST-ZIP -05/12/00--01021--001
****100.00 *****50.00

TITLE NAME MGRM WILKINSON, BRUCE ☐ Delete
STREET ADDRESS 3200 COMMONWEALTH BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM WATSON, DAVID S ☒ Delete
STREET ADDRESS 3200 COMMONWEALTH BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

11 April 2000

(850) 575-0174