2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500002615

Country

6. Name and Address of Current Registered Agent

City & State

GILMORE, DANIEL C

DELAND FL 32724

1516 ROCKWELL HEIGHTS DR.

the obligations of registered agent.

Zip

OD WE TO

Country

Name

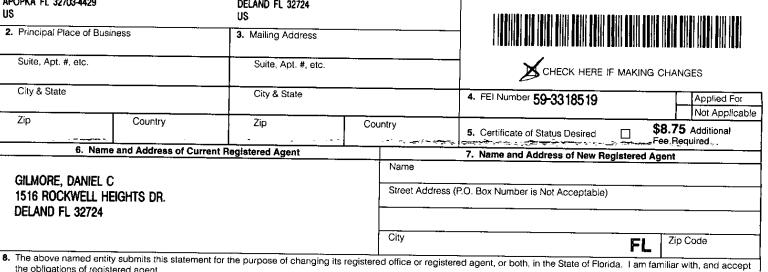
FILED Jan 21, 2003 8:00 am § Secretary of State

01-21-2003 90115 047 ****61.25

ES, INC.		
Principal Place of Business	Mailing Address	
CENTRAL FL. RESTORATION BRANCH 682 MASON AVE. APOPKA FL 32703-4429 US	Seaarb 1516 rockwell Heights Dr. Deland Fl 32724 Us	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State

Zip



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 \$61.25				\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State					
10.			11,	A	DDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS I	N 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilmore, dan 1516 Rockwell Heights dr. Deland fl 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOCHIS, KEITH 500 BOSPHORUS AVE TAMPA-FL-33606	☐ Delete	TITLE NAME STREET ADDRESS .CITY-ST-ZIP	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- 2 Tu-See 1 May 1/2,11 mg	☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERCAMEN, DON SR. 8605 BNOIT AVE. ORLANDA FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLITE, DWIGHT 2061 KANFORD AD PORT STLUCIE FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	-	★ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, RICHARD 116 WAYLAND CIRCLE LONGWOOD FL 32779	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD		Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if , with all other like empowered

SIGNATURE:

FRE REDAWLES LOMORE

1/15/03 (386)738-0904