


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

7/12

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90137 016 \*\*\*150.00

<b>DOCUMENT # P0000004545</b>			
1. Entity Name <b>ESSEBOOM CORPORATION</b>			
Principal Place of Business <b>4919 14TH STREET W BRADENTON FL 34207</b>		Mailing Address <b>4919 14TH STREET W BRADENTON FL 34207</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0973150</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ESSEBOOM, PATRICK 4919 14TH STREET W BRADENTON FL 34207</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESSEBOOM, PATRICK</b> <input type="checkbox"/> Delete <b>4919 14TH STREET W BRADENTON FL 34207</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ESSEBOOM, Patrick</b> <input type="checkbox"/> Delete <b>4919 14th St W Bradenton FL 34207</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date <b>7/2/03</b> Daytime Phone # <b>941-727-1157</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034 (4/03)

Attachment

55052137  
#P00000004545

Florida Department of State  
PO Box 1500  
Tallahassee  
Florida 32302

July 21, 2003

Dear Madam or Sir:

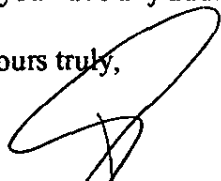
As discussed in our phone conversation today, I hereby confirm that I did not receive the first annual uniform business report this year.

I would greatly appreciate if you would wave the \$400. - Penalty, and reinstate my corporation.

The standard fee of \$150. - is already in your possession.

If you have any additional questions, please don't hesitate to contact me.

Yours truly,



Patrick Esseboom  
Esseboom Corporation  
4919 4<sup>th</sup> st West  
Bradenton  
FL 34207  
Tel. 941-727-1757  
Fax 941-727-4177