

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90032 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018592

1. Entity Name

ES PROJECTS, INC.



DO NOT WRITE IN THIS SPACE

94035306

2. Principal Place of Business

35 TUCKAWAY AVENUE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

35 TUCKAWAY AVENUE DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ASHEVILLE, NC

City & State
ASHEVILLE, NC

4. FEI Number
59-3629510

Applied For
Not Applicable

Zip
28803

Country

Zip
28803

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
KELLER, LAURA L

Street Address (P.O. Box Number is Not Acceptable)

5021 LIGHTERWOOD CT

City
OCOE

FL

Zip Code
34761

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P - STONECYPHER, CHARLES L
STREET ADDRESS
35 TUCKAWAY DRIVE
CITY-ST-ZIP
ASHEVILLE, NC 28803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
D - STONECYPHER, SUSAN T
STREET ADDRESS
35 TUCKAWAY DRIVE
CITY-ST-ZIP
ASHEVILLE, NC 28803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles L. Stonecypher, President CHARLES L. STONECYPHER

828 651 9559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

PREPARED BY:
GREENE, SMITH, RODDY & CO., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

JAN 29 2004

CR2E034B (12/02)