

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049333

1. Entity Name

E SHARPE, INC.

Principal Place of Business

102 Old Hickory Ct  
Longwood, FL 32750

Mailing Address

102 Old Hickory Ct  
Longwood, FL 32750

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

59-3467173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHARPE, James R  
102 Old Hickory Ct  
Longwood, FL 32750

7. Name and Address of New Registered Agent

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: Director  
NAME: James R. SHARPE  
STREET ADDRESS: 102 Old Hickory Ct  
CITY-ST-ZIP: Longwood, FL 32750

☐ Delete

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-01

Date

407-332-0054

Daytime Phone #

CR2E034 (11/00)

November 26, 2001

Department of State  
Division of Corporations  
P.O.Box 1500  
Tallahassee, FL. 32302-1500

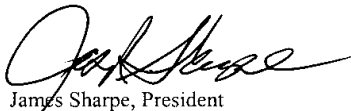
Dear Division of Corporations:

We incorporated E Sharpe, Inc. in May of 2000 and have filed Form DR-601C and Form F-1120 for year 2000, which was our first filing year. All our corporate filings are completed by the firm of Moss and Reeves, P.A. and they advise us of all necessary filing for State and Federal matters. Imagine my surprise when I received a Notice of Administrative Dissolution from your office. The only possible explanation is the Post Office failed to deliver the form.

In our first year in business we have filed every single State and Federal form and return on time and correctly except this one. With that fact in mind, I am requesting the reinstatement of E Sharpe, Inc. I have downloaded the UBR from your Web site, completed it and enclosed a check for \$159.30, which is the filing fee and Interest from May 1, 2001.

Be assured we will be on the lookout for the URB for 2002 and we await word on reinstatement.

Sincerely,



James Sharpe, President

E Sharpe, Inc.

cc-Moss and Reeves, P.A.