2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000054036

1. Entity Name

ESOFTWARE SOLUTIONS, INC.

Country



Country

Principal Place of Business 196-46 BISCAYNE BAY DRIVE BOCA RATON FL 33498

Suite, Apt. #, etc.

DELUCA, BRUCE

19646 BISCAYNE BAY DRIVE BOCA RATON FL 33498

City & State

Zip

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

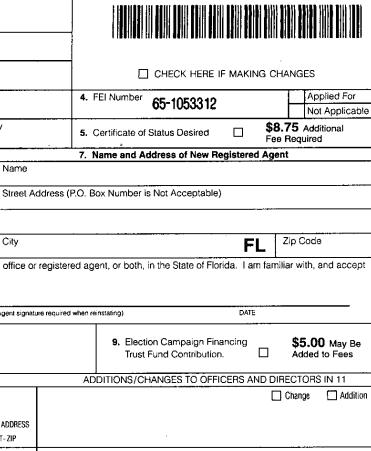
196-46 BISCAYNE BAY DRIVE BOCA RATON FL 33498

2. Principal Place of Business	3. Mailing Address	

6. Name and Address of Current Registered Agent

FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90444 018 ***150.00



			City		FL	Zip Code	•
	named entity submits this statement for the purptions of registered agent.	ose of changing its	registered office or register	red agent, or both, in the State of F	lorida. I am far	niliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE	E: Registered Agent signature required	d when reinstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			9. Election Campaign F Trust Fund Contributi		\$5.0 Added	0 May Be to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELUCIA, BRUCE 19646 BISCAYNE BAY DRIVE BOCA RATON FL 33498	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	· · · [] Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[_ Change	Addition
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-7/P			☐ Change	☐ 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:

SIGNATURE REQUIRED

D

Daytime Phone #