

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000065461**1. Entity Name
ES2 CONSTRUCTION GROUP, INC.

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| Principal Place of Business 1222 BRANDY LAKE VIEW CIR WINTER GARDEN FL 34787 | Mailing Address 1222 BRANDY LAKE VIEW CIR WINTER GARDEN FL 34787 |
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|---|---------------------------------------|
| 2. Principal Place of Business 700 DELANEY AVE | 3. Mailing Address P.O. BOX 533543 |
|---|---------------------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------|----------------------------|
| City & State ORLANDO FL | City & State ORLANDO FL |
|----------------------------|----------------------------|

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3641637 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 32801 | Country | Zip 32803 | Country |
|--------------|---------|--------------|---------|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**

BULLOCK EARL S
1222 BRANDY LAKE VIEW CIR

WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name
LAUGHREA ROBERT J
Street Address (P.O. Box Number is Not Acceptable)
700 DELANEY AVE

City ORLANDO FL Zip Code 32801

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 **ROBERT J. LAUGHREA****05/24/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV LAUGHREA ROBERT L 200 DELANEY AVE ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HARLOS LAWRENCE A 410-231 FAIRVIEW VISTA POINT ORLANDO FL 32804 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BULLOCK EARL S 1222 BRANDY LAKE VIEW CIR WINTER GARDEN FL 34787 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LAUGHREA ROBERT J 700 DELANEY AVE ORLANDO FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Robert J. Laughrea

DP

05/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)