2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000066382

Entity Name: ESI GLOBAL FINANCE, INC.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3203 QUEEN PALM DR TAMPA, FL 33619				3030 N ROCKY POINT DR W #770 TAMPA, FL 33607		
Current Mailing Address:			New Maili	New Mailing Address:		
3203 QUEEN PALM DR TAMPA, FL 33619				3030 N ROCKY POINT DR W #770 TAMPA, FL 33607		
FEI Number	: 59-3663179	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:	
633 N. FR. SUITE 500	STEVEN G ANKLIN STRE) L 33602 US	ΞΤ				
	named entity se of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financino	Trust Fund Contribution ().				
	S AND DIREC	,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () PATE, JAMES 4322 N. 56TH S TAMPA, FL 336		Title: Name: Address: City-St-Zip:	PATE, JAME	KY POINT DRIVE #770	
Title: Name: Address: City-St-Zip:	D (X) ADWELL, STAN 4322 N. 56TH S TAMPA, FL 336	TREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) CIFUENTES, JO 4322 N. 56TH S TAMPA, FL 336	TREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) GABRIMARIAN, 4322 N. 56TH S TAMPA, FL 336	TREET	Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES PATE DIRE 04/30/2003