

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092442

1. Entity Name

E-SOLUTIONS PRESS, INC.

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90929 029 ***150.00

MAINTAIN

Principal Place of Business
 817 CRENSHAW LAKE RD
 LUTZ FL 33549

Mailing Address
 817 CRENSHAW LAKE RD
 LUTZ FL 33549

00022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3672352

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEW D POWELL, P.A.
 304 PLANT AVE
 TAMPA FL 33606

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 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, 2002 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: D
 NAME: ROZA, LAURA
 STREET ADDRESS: 817 CRENSHAW LAKE RD
 CITY-ST-ZIP: LUTZ FL 33549 ☐ Delete

TITLE: ST
 NAME: HEBERT-FORD, LINDA
 STREET ADDRESS: 521 HERCHEL DR
 CITY-ST-ZIP: TAMPA FL 33617 ☒ Delete

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

TITLE: ☐ Delete
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TITLE: ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE REQUIRED

Laura Roza

4/30/02

(813) 254-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)