

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90981 015 \*\*\*150.00

**DOCUMENT # P01000002623**

1. Entity Name  
**ESSON PROPERTIES, INC.**



Principal Place of Business  
**8477 BAY COLONY DRIVE  
12 NORTH  
NAPLES FL 34108**

Mailing Address  
**5811 PELICAN BAY BLVD.  
STE 600  
NAPLES FL 34108**



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 **65-1093567**

Applied For

Not Applicable

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

**FOWLER WHITE MYERS KRAUSE  
5811 PELICAN BAY BOULEVARD  
SUITE 600  
NAPLES FL 34108**

Name  
**FOWLER WHITE BOGGS BANKER P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**5811 PELICAN BAY BOULEVARD, SUITE 600**

City **NAPLES** **FL** Zip Code **34108**

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. I am familiar with, and accept the obligations of registered agent.

**FOWLER WHITE BOGGS BANKER P.A.**

SIGNATURE *Andrew J. Krause*  
Signature, typed or printed name of registered agent and title if applicable.

**/ANDREW J. KRAUSE**  
(NOTE: Registered Agent signature required when reinstating)

**4-28-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTSD  
ESSON, JAMES D  
8477 BAY COLONY DRIVE 12 NORTH  
NAPLES FL 34108** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/03**  
Date

Daytime Phone #

CR2E034 (10/02)