

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90149 017 ***150.00

DOCUMENT # P02000056473

1. Entity Name
E SOLUTIONS NETWORKS, INC.



Principal Place of Business
**3111 W DR. M.L. KING BLVD., STE. 375
TAMPA FL 33607**

Mailing Address
**3111 W DR. M.L. KING BLVD., STE. 375
TAMPA FL 33607**

22000784



2. Principal Place of Business
**400 N. Tampa Street
Suite, Apt. #, etc.
16th Floor.**

3. Mailing Address
**400 N. Tampa Street
Suite, Apt. #, etc.
16th Floor**

City & State
Tampa

City & State
Tampa

Zip Country
FL 33602

Zip Country
FL 33602

qualified Subchapter S Sub
elector
Form 886
✓ CHECK HERE IF MAKING CHANGES

4. FEI Number
05-0804721

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NICHOLAS, RICHARD E
3111 W DR. M.L. KING BLVD., STE. 375
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **NICHOLAS, RICHARD E.**
Street Address (P.O. Box Number is Not Acceptable)
400 N. Tampa Street
16th Floor
City **Tampa** FL Zip Code **33602**

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.

SIGNATURE **[Signature]** DATE **1-29-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **NICHOLAS, RICHARD E**
STREET ADDRESS **516 W. DAVIS BLVD.**
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE **D** ☐ Delete
NAME **MORIZIO, MICHAEL A**
STREET ADDRESS **189 CULLINANE DR.**
CITY-ST-ZIP **MARLBOROUGH MA 01752**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-29-03** DAYTIME PHONE # **813-301-2602**

CR2E034 (10/02)