

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90078 044 ***550.00

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DOCUMENT # P02000064416

1. Entity Name
ESSENTIAL MARKETING SERVICES, INC.



Principal Place of Business
~~195 WEKIVA SPRINGS ROAD STE 204~~
~~LONGWOOD FL 32779~~

Mailing Address
~~195 WEKIVA SPRINGS ROAD STE 204~~
~~LONGWOOD FL 32779~~
5613 MOAT CT
ORLANDO FL 32810

2. Principal Place of Business
5613 MOAT CT

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
SAME

Zip
32810 Country
ORANGE

Zip
32810 Country
USA

4. FEI Number
82-054 8039

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

POOLE, WILLIAM F
195 WEKIVA SPRINGS ROAD STE 204
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name
MELISSA J. HOLT, PRES.
Street Address (P.O. Box Number is Not Acceptable)
5613 MOAT CT
City
ORLANDO FL Zip Code
32810

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 *Melissa J. Holt, President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-24-2003

7-28-2003

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE
PRESIDENT
NAME
HOLT, MELISSA J
STREET ADDRESS
5613 MOAT COURT
CITY-ST-ZIP
ORLANDO FL 32810-4973

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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.

CK# 2019

SIGNATURE:

Melissa J. Holt
MELISSA J. HOLT
PRESIDENT

Date

Daytime Phone #

8-24-2003

4079482555

CR2E034 (4/03)