2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052859

1. Entity Name

ESD FUNDING CORP, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90265 020 ***150.00

Principal Place of Business	Mailing Address
1434 W. FAIRBANKS AVE WINTER PARK FL 32789 US	1434 W. FAIRBANKS AVE WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
262 WILSHIRE BLVD.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CASSELBERRY, FL	City & State
Zip: 32707 Country: SEMINOLE	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DREIER, ELIZABETH S
~~8422 ARBOR GATE CT~~ 4870 WATERVISTA DR.
ORLANDO FL 328~~19~~ 21

7. Name and Address of New Registered Agent

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, 2001 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	P	☐ Delete
NAME	DREIER, ELIZABETH S	
STREET ADDRESS	~~8422 ARBOR GATE CT~~ 4870 WATERVISTA DR.	
CITY-ST-ZIP	ORLANDO FL 328~~19~~ 21	
TITLE	V	☐ Delete
NAME	DREIER, DENNIS H	
STREET ADDRESS	~~8422 ARBOR GATE CT~~ 4870 WATERVISTA DR.	
CITY-ST-ZIP	ORLANDO FL 328~~19~~ 21	
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Elizabeth Sanabria Dreier, ELIZABETH SANABRIA Dreier, 4/20/01 407-909-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)