

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052859

1. Entity Name
ESD FUNDING CORP, INC.

Principal Place of Business
262 WILSHIRE BLVD
CASSELBERRY FL 32707
US

Mailing Address
262 WILSHIRE BLVD
CASSELBERRY FL 32707
US

2. Principal Place of Business
1936 Boothc Cir.
Suite, Apt. #, etc.

3. Mailing Address
4870 WATERVISTA DR.
Suite, Apt. #, etc.

City & State
LONGWOOD, FL.
Zip
32750
Country
USA

City & State
ORLANDO, FL.
Zip
32821
Country
USA

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
4870 WATERVISTA DR
ORLANDO FL 32821

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, 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 P
NAME DREIER, ELIZABETH S
STREET ADDRESS 4870 WATERVISTA DR
CITY-ST-ZIP ORLANDO FL 32821 ☐ Delete

TITLE V
NAME DREIER, DENNIS H
STREET ADDRESS 4870 WATERVISTA DR
CITY-ST-ZIP ORLANDO FL 32821 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

3/4/02

407-352-4003

Date

Daytime Phone



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)