

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081363

1. Entity Name

ESB SYSTEMS & CONSULTING, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90118 030 ***158.75

Principal Place of Business	Mailing Address
4624 ORANGE GROVE WAY PALM HARBOR FL 34684 US	4624 ORANGE GROVE WAY PALM HARBOR FL 34684-4023 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0539501	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ERDIES, TIMOTHY J 4624 ORANGE GROVE WAY PALM HARBOR FL 34684

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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	ERDIES, TIMOTHY J.	NAME	
STREET ADDRESS	4624 ORANGE GROVE WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP	
TITLE	VPSD	TITLE	
NAME	ERDIES, ARELI I.	NAME	
STREET ADDRESS	4624 ORANGE GROVE WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:	<i>Timothy J. Erdies</i>	4/25/2000	727-781-4043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)