

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 SEP 25 PM 12:40

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AV

DOCUMENT # P95000001417

1. Entity Name
E S & D, INC.

Principal Place of Business
3602 N.E. 8TH PLACE, UNIT B
OCALA FL 34470

Mailing Address
3602 N.E. 8TH PLACE, UNIT B
OCALA FL 34470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0544820

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANNELLY, SEAN
3602 N.E. 8TH PLACE, UNIT B
OCALA FL 34470

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DANNELLY, SEAN
3602 NE 8TH PLACE UNIT B
OCALA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004614404-0
-09/27/01-01092-007
***150.00 ***150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-694-2277

CR2E034 (5/01)

RICHARD A. SPAHN & ASSOCIATES, P.A.
ACCOUNTING AND TAX CONSULTANTS

PROFESSIONAL BUILDING
1601 N. PALM AVENUE
SUITE 208
PEMBROKE PINES, FLORIDA 33026
PHONE: (954) 430-7675
FAX: (954) 430-7674

PROFESSIONAL BUILDING
3442 S.E. LAKE WEIR ROAD
SUITE B
OCALA, FLORIDA 34471
PHONE: (352) 732-2104
FAX: (352) 671-5373

SEPTEMBER 19, 2001

FLORIDA DEPARTMENT OF STATE:

RE: ANNUAL REPORT OF E S & D, INC.
DOC# P95000001417

THE ABOVE REFERRED TO CORPORATION IS A CLIENT OF
OURS WHO HAS A PROBLEM APPARENTLY.

THE CORPORATION IS LOCATED IN OCALA, FLORIDA, AND
OUR FIRM HAS OFFICES IN OCALA AND PEMBROKE PINES, FLORIDA.
I BELIEVE THE CONDITION IN THIS CASE IS THAT THE CORPORATION
ISSUED A CHECK TO THE DEPARTMENT OF STATE IN APRIL, 2001,
AND I MERGED HIS PAYMENT WITH A FEW OTHERS IN PEMBROKE PINES,
FLORIDA, AND HIS PAYMENT TOGETHER WITH A FEW OTHERS WERE LOST
IN THE MAIL. I HAD MAILED TO YOUR OFFICE TWO OTHER SITUATIONS
SIMILAR TO THIS WHICH MAY HAVE BEEN IN THE SAME ENVELOPE THAT
WAS DESTROYED BY THE POSTAL SERVICE.

ON BEHALF OF THE CORPORATION, I RESPECTFULLY REQUEST
THAT YOUR OFFICE ACCEPT THIS REPLACEMENT CHECK AND CONSIDER THE
CORPORATION TO BE CURRENT AND ACTIVE.

I AM ENCLOSING EVIDENCE OF THE POSTAL DESTRUCTION.

SINCERELY,

