

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054791

1. Entity Name  
E.S.A. INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business      Mailing Address  
29467 US 18 NORTH              1588 PINE COVE LANE  
300                                      CLEARWATER FL 33761  
CLEARWATER FL 33761              US

2. Principal Place of Business      3. Mailing Address  
2588 Pine Cove Lane              P.O. Box 746  
State, Apt. #, etc.                      State, Apt. #, etc.

City & State                      City & State  
CLEARWATER, Florida              PALM HARBOR, FLORIDA  
ZIP                                      ZIP  
33761                                      34682-0746  
County                                      County  
Pinellas                                      Pinellas

DO NOT WRITE IN THIS SPACE  
05-14-2001 90072-041-15875

4. FEI Number: 58-3386717  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MARGOT PEURGOT, P.A.  
184 6TH AVENUE SW  
LARGO FL 33770

7. Name and Address of New Registered Agent  
Name: SPIEGEL & UTERRA  
Street Address (P.O. Box Number is Not Applicable)  
343 ALMERIA AVENUE  
City: CORAL GABLES FL Zip Code: 33134

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]*      DATE: 8/29/01

9. This corporation is eligible to satisfy its corporate tax filing requirement and elects to do so  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$350.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director		President Rebecca Andriansky P.O. Box 746 PALM HARBOR, FL 34682-0746	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
None		Vice President Julian Drew P.O. Box 1826 Quincy, AL 32353-1826	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

SIGNATURE: *[Signature]*      DATE: 9/25/2001      727-510-9396  
Rebecca Andriansky