

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098801

1. Entity Name

ESSENTIAL USA, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -5 PM 4:06

Principal Place of Business

5121 CASTELLO DRIVE  
SUITE 2  
NAPLES FL 34103

Mailing Address

5121 CASTELLO DRIVE  
SUITE 2  
NAPLES FL 34103-1902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5150 Tamiami Tr. N.

3. Mailing Address

5150 Tamiami Tr. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 501

501

City & State

Naples, FL

City & State

Naples, Florida

4. FEI Number

65-0712362

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN P  
5121 CASTELLO DRIVE  
SUITE 2  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: David E. Leigh  
Street Address (P.O. Box Number is Not Acceptable): 5150 Tamiami Trail N.  
Suite 501  
City: Naples FL 34103

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

4/28/00

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, 2000 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: D ☒ Delete  
NAME: WHITE, JOHN P  
STREET ADDRESS: 5121 CASTELLO DRIVE, SUITE 2  
CITY-ST-ZIP: NAPLES FL 34103

TITLE: D ☒ Delete  
NAME: WHITE, RANSEY P  
STREET ADDRESS: 5121 CASTELLO DRIVE, SUITE 2  
CITY-ST-ZIP: NAPLES FL 34103

TITLE: D/P ☐ Delete  
NAME: Greg Zorn  
STREET ADDRESS: 5150 Tamiami Tr. N., Ste 501  
CITY-ST-ZIP: Naples FL 34103

TITLE: VP ☐ Delete  
NAME: David E Leigh  
STREET ADDRESS: 5150 Tamiami Tr. N., Ste 501  
CITY-ST-ZIP: Naples FL 34103

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

☐ Change ☐ Addition  
000003263320--8  
-05/23/00--01054--001  
\*\*\*\*509.50 \*\*\*\*150.00

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

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

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID E LEIGH, V.P.

4-28-00

941 435 9303

AD