2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 13, 2003 8:00 am Secretary of State 03-13-2003 90063 007 ***158.75 P96000100797 **DOCUMENT #** 1. Entity Name ESP GROUP OF FLORIDA, INC. UUUTUUUU Principal Place of Business Mailing Address 9781 S ORANGE BLOSSOM TRAIL 9781 S ORANGE BLOSSOM TRAIL #19 & 20 19 & 20 ORLANDO FL 32837 ORLANDO FL 32837 US US 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite. Apt. #. etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3458785 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **ESPOSITO, STEPHEN** Street Address (P.O. Box Number is Not Acceptable) 9209 CYPRESS COVE DR ORLANDO FL 32837 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) ☐ Defete TITLE Change Change ☐ Addition TITLE ESPOSITO, STEVE NAME NAME 9209 CYPRESS COVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ORLANDO FL TITLE Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF nne CO Determ TITL P Trance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST - ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST-7IP TITLE ☐ Celete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an

SIGNATURE:

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