

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90203 026 ***150.00

DOCUMENT # P97000013106

1. Entity Name
ELECTRONIC SALES ASSOCIATES, INC.

Principal Place of Business
3601 W. COMMERCIAL BOULEVARD
SUITE 26
FORT LAUDERDALE FL 33309

Mailing Address
3601 W. COMMERCIAL BOULEVARD
SUITE 26
FORT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6530 W. Rogers Cir.

3. Mailing Address
6530 W. Rogers Cir.

Suite, Apt. #, etc.
Suite # 28

Suite, Apt. #, etc.
Suite # 28

City & State
BOCA RATON, FL.

City & State
BOCA RATON, FL

4. FEI Number **65-0734123**

Applied For
 Not Applicable

Zip **33487** Country **USA**

Zip **33487** Country **USA**

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

JONES, RAYMOND C.
3601 W COMMERCIAL BLVD
#26
FT. LAUDERDALE FL 33309

Name
JONES, Raymond C.
 Street Address (P.O. Box Number is Not Acceptable)
6530 W. ROGERS Circle
Suite # 28
 City **BOCA RATON** State **FL** Zip Code **33487**

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 Raymond C. Jones, Pres. **1/23/02**
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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	JONES, RAYMOND C
STREET ADDRESS	3601 W. COMMERCIAL BOULEVARD, SUITE 26
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	D <input type="checkbox"/> Delete
NAME	JONES, DIANE B
STREET ADDRESS	3601 W. COMMERCIAL BOULEVARD, SUITE 26
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Jones, Raymond C.
STREET ADDRESS	6530 W. ROGERS Circle #28
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Diane B.
STREET ADDRESS	6530 W. ROGERS Circle #28
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 like empowered.

SIGNATURE: Raymond C. Jones, Pres. **1-23-02 561-226-1309**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AV

CR2E034 (9/01)