## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P97000015349

1. Entity Name

ESAW ENTERPRISES, INC.



Apr 09, 2003 8:00 am § Secretary of State 04-09-2003 90161 049 \*\*\*150.00

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Principal Place of Business 2997 FENWICK COURT. EAST TALLAHASSEE FL 32308		Mailing Address 2997 FENWICK COURT, EAST TALLAHASSEE FL 32308									
2. Principal Place of Business 3. Mailing Address			ling Address	ress				<b>      </b>	<b>10: 0</b> 01 <b>0:</b> 11111 1	13030 3031 1801	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			يدرد وسومه رايات	4.	4. FEI Number 59-3435999 Applied €			plied For t Applicable
Zip	Country Zip Coun			try	5. +	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name	and Address of Current i	Registere	d Agent			7. I	Name and Address of New Regis	tered A	gent	
						Name					
HOWARD, ERNEST M 2997 FENWICK COURT, EAST				Street Address (P.O. Box Number is Not Acceptable)							
TALLAHAS	SSEE FL 32	308				City				Zip Code	
									FL	1 2,5 000	
	ions of regist		r the purp	ose of changing its	registere	ed office or reg	gistered ag	gent, or both, in the State of Florida	. I am fa	miliar with, a	and accept
SIGNATORE :	Signature, typed	or printed name of registered agent a	nd title if app	licable. (NOTE	; Registere	d Agent signature re	equired when re	einstating)	DATE		
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State					Election Campaign Financ     Trust Fund Contribution.	ing 🔲		May Be to Fees
10.		OFFICERS AND	DIRECTO	RS	11.	.:	AE	DDITIONS/CHANGES TO OFFICER	S AND	DIRECTORS	S IN 11
TITLE	D			☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP	2997 FEN	ERNEST M WICK COURT, EAST SSEE FL 32308				E EȚ ADDRESS - ȘT-ZIP					
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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 all other like empowered.

**SIGNATURE:**