

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90084 017 ***158.75

30070463

DOCUMENT # P97000104494

1. Entity Name

ESFORMES HOLDINGS, CORP.

Principal Place of Business

**503 10TH ST W.
 PALMETTO, FL 34221**

Mailing Address

**503 10TH ST W.
 PALMETTO, FL 34221**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0800816

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CORPORATE ACCESS INC.

Street Address (If No Box Number is Not Acceptable)

236 EAST 6TH AVENUE

City

TALLAHASSEE

FL

Zip Code
32303

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 fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
 tax filing requirement and elects to do so.
 (See order a 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESFORMES, NATHAN J. 503 10TH ST W. PALMETTO, FL 34221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP ESFORMES, JOSEPH E. 503 10TH ST W. PALMETTO, FL 34221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST ESFORMES-ALVAREZ, ELIZABETH 503 10TH ST W. PALMETTO, FL 34221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPT BOYER, WILLIAM F. 8690 W LINNE RD. TRACY, CA 95376	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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

4-13-00

Date

209-835 5123

Daytime Phone #

CR2E034 (9/99)