

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104494

1. Entity Name

ESFORMES HOLDINGS, CORP.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90191 014 ***158.75

917837



DO NOT WRITE IN THIS SPACE

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0800816	Applied For	
		Not Applicable	
5. Certificate of Status Desired		M \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATE ACCESS, INC. 236 EAST 6TH AVENUE TALLAHASSEE FL 32303		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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.

SIGNATURE _____
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	ESFORMES, NATHAN J	NAME	
STREET ADDRESS	503 10TH ST W.	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	CITY-ST-ZIP	
TITLE	DSVP	TITLE	
NAME	ESFORMES, JOSEPH E	NAME	
STREET ADDRESS	503 10TH ST W.	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	CITY-ST-ZIP	
TITLE	DVST	TITLE	
NAME	ESFORMES-ALVAREZ, ELIZABETH	NAME	
STREET ADDRESS	503 10TH ST W	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	CITY-ST-ZIP	
TITLE	AVPT	TITLE	
NAME	BOYER, WILLIAM F.	NAME	
STREET ADDRESS	8690 W LINNE RD	STREET ADDRESS	
CITY-ST-ZIP	TRACY CA 95376	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 for all other like empowered.

SIGNATURE: 3-1-01 941-728-3291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)