

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002586

1. Entity Name

ESO CORPORATION

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90483 025 \*\*\*150.00

Principal Place of Business

1025 SOUTH SEMORAN BLVD., SUITE 1093  
WINTER PARK FL 32792

Mailing Address

1025 SOUTH SEMORAN BLVD., SUITE 1093  
WINTER PARK FL 32792-5524

2. Principal Place of Business

3580 Aloma Ave

Suite, Apt. #, etc.

Suite 7

City & State

Winter Park, FL

Zip

32792

Country

USA

3. Mailing Address

3580 Aloma Ave

Suite, Apt. #, etc.

Suite 7

City & State

Winter Park, FL

Zip

32792

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3486869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISMAN, ERIC  
1025 S. SEMORAN BLVD.  
SUITE 1093  
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

Eric Chrisman

Street Address (P.O. Box Number is Not Acceptable)

3580 Aloma Ave, Suite 7

City

Winter Park

FL

Zip Code

32792

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

*Eric R. Chrisman*  
Signature, typed or printed name of registered agent and title if applicable.

Eric R. Chrisman, Secretary

DATE

4-22-00

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, 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

TITLE P  
NAME STAWER, SAUL  
STREET ADDRESS 4118 LEAFY GLADE PL.  
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE VP  
NAME CHRISMAN, ERIC  
STREET ADDRESS 3474 WOODLEY PARK PL.  
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

*Eric R. Chrisman*  
Eric R. Chrisman, Secretary

Date

4-22-00 407.677.0014

Daytime Phone #

CR2E034 (9/99)