

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000002586**

1. Entity Name

ESO CORPORATION

Principal Place of Business

**3580 ALOMA AVE.
ATE 7
WINTER PARK FL 32792**

Mailing Address

**3580 ALOMA AVE.
ATE 7
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 Chrisman, Treasurer**4-13-01**

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, 2001 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** ☐ Delete
NAME **STAWER, SAUL**
STREET ADDRESS **4118 LEAFY GLADE PL.**
CITY-ST-ZIP **CASSELBERRY FL 32707**TITLE **VP** ☐ Delete
NAME **CHRISMAN, ERIC**
STREET ADDRESS **3474 WOODLEY PARK PL.**
CITY-ST-ZIP **OVIDO FL 32765**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Fred Harnboure**
CITY-ST-ZIP **8581 Summerville Place
Orlando, FL 32819**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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)(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:

Eric Chrisman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Date

407.677.0014

Daytime Phone #

**FILED
Apr 23, 2001 8:00 am
Secretary of State**

04-23-2001 90137 015 ***150.00

00000420

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**

CR2E034 (10/00)

0059232