

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90442 021 ***150.00

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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

3474 Woodley Park Pl

Suite, Apt. #, etc.

3. Mailing Address

3474 Woodley Park Pl

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Oviedo, FL

City & State

Oviedo, FL

4. FEI Number

59-3486869

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32765

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISMAN, ERIC

3580 ALOMA AVE SUITE 7

WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

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

3474 Woodley Park Pl

City

Oviedo

FL

Zip Code

32765

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

Eric Chrisman, Treasurer

4-10-02

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, 2002 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 **OVIEDO FL 32765**

TITLE **S** ☐ Delete

NAME **HARAMBOURE, FRED**

STREET ADDRESS **8581 SUMMERVILLE PLACE**

CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ 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

Eric Chrisman

4-10-02

407.468.2526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)