2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

SHI W. DR. M.L. KING JR. BLVD.

P98000004064

Mailing Address

TAMPA FL 33607

SUITE 375

3N.I. W. DR. M.L. KING JR. BLVD.

1. Entity Name

BUITE 375

TAMPA-FL 93807

E SOLUTIONS CORPORATION



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90115 005 ***150.00

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		3. Mailing Address	,	P (30) (44) 210 (6) 61 Julis entit ublit notit entit natit	. Effil 68429 alset aver 1841
2. Principal Pla	ce of Business). Ia kpa Street	+00 N. 10	upa Stree	7	
Suite, Apt. #,	the Those	Suite, Apt. #, etc.	upa Stree	CHECK HERE IF MAKING C	HANGES
City & State	FIOUIC	City & State		4. FEI Number 65-0804721	Applied For
	pa	Id me	ra		Not Applicable
- Zip F/.	33600	Zip —	3 3 60 2	5. Certificate of Status Desired = Fe	8.75 Additional Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Ag	ent
		,	Name		
NICHOLAS.	, RICHARD E		Stroot Address	s (P.O. Box Number is Not Acceptable)	
516 W. DA			Judge Addition	5(1.6.25)	
TAMPA FL					
174411 74 4 2	00000		City	FL	Zip Code
			1 '		<u> </u>
8. The above r	named entity submits this statement for	the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am far	niliar with, and accept
the obligation	ons of registered ager	1. /	11	_	
OLON LATURE	19 W	1 .	,,, -	<u> </u>	<u>05</u>
SIGNATURE _	Signature, typed or printed nar eof registered agent a	nd title if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating) DATE	
	LE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	\$5.00 May Be
ΓII Δfter	May 1, 2003 Fee will be \$550.00			Trust Fund Contribution.	Added to Fees
Make Check	Payable to Florida Department of	State			
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND	
	PD	Delete	TITLE		Change Addition
	NICHOLAS, RICHARD E		NAME		
	516 W DAVIS BLVD		STREET ADDRESS		
	TAMPA FL 33606		CITY-ST-ZIP		
TITLE	VSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORIZIO, MICHAEL		NAME		
STREET ADDRESS	189 CULLINANE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MARLBOROUGH MA 01752		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP					☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		L change L Addition
NAME :			NAME STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP				<u> </u>	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE NAME		onengo notinon
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP				a Section 119 07(3Vi). Florida Statutes. I further cert	ify that the information
12. I hereby o	certify that the information supplied will	this filing does not qualify for	or the exemption stated in my signature shall have t	n Section 119.07(3)(i), Florida Statutes. I further cert the same legal effect as if made under oath; that I a	m an officer or director

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. Intriner certify that the minimal report is true and accordant and that my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report or supplier ental report is true to another than an officer or director of the corporation or the receiver or true to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a caddress, with all other like empowered.

SICHOLAS

SIGNATURE:

CIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-83

813-301-2602

CR2E034 (10