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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Feb 03, 2003 8:00 am			
			0009609			ecretary			
	ESIGN, INC.					02	2-03-2003 90085	022 ***150	.00
1022 NORHTE	ee of Business ERN WAY NGS FL 32708		Mailing Address 1022 NORHTERN WAY WINTER SPRINGS FL 3	32708			ALEK HEMIL BRULL BRUM BRUM B	1 114 11 44 1 5 44 1 444 1	ARKA TAULIARA
2. Principal F	Place of Business	Way	3. Mailing Address						
Suite, Apt.	#, etc. er Springs		Suite, Apt. #, etc.				HECK HERE IF MAK	··-	<u> </u>
City & Stat		<i>∆</i> ✓	City & State			4. FEI Number	9-3496177	No	oplied For of Applicable
Zip 3270	· Coun Coun	SA	Zip	Cour	ıtry	5. Certificate of Stat	itus Desired	\$8.75 Add Fee Require	
	6. Name and Ad	Idress of Current R	egistered Agent —			-7:- Name and Addre	ess of New Register	ed Agent	
LEPORE,				Name Street Address	(P.O. Box Number is No	ot Acceptable)			
1022 NORTHERN WAY WINTER SPRINGS FL 32708									
	7 TH 100 TE 02700	,			City		F	Zip Code	<u>.</u> е
	named entity submit ions of registered ago Signature, typed or printed in	ent.	the purpose of changing in the purpose of changi		ed office or registe			1-03	and accept
_ After	ILE NOW!!! FEE r May 1, 2003 Fee k Payable to Florid	will be \$550.00	State				Campaign Financing and Contribution.		May Be I to Fees
10.	74.24° x	OFFICERS AND DI		11.		ADDITIONS/CHAN	IGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEPORE, JOSEPH 1022 NORTHERN WINTER SPRINGS	I WAY	□ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	منجسي.		Delete			and the second s	S may what we want of the	□ Change	☐ Addition
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAM! STRE				☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like ampowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE TAEQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

45-971-9411