

**2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P98000016181**

Entity Name

**ESP WORLD CORPORATION****FILED****Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90180 001 \*\*\*317.50

Principal Place of Business

**MONCRIEF ROAD**  
**JACKSONVILLE FL 32209**

Mailing Address

**POST OFFICE BOX 2546**  
**JACKSONVILLE FL 32203-2546****- 10670**

Principal Place of Business

**450 W 19th**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Jacksonville FLORIDA**

City &amp; State

Zip

**32206**

Country

**USA**

Zip

Country

4. FEI Number

**59-3516515**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**KERRIN, MARK T**  
**450 W 19TH**  
**JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

OFFICERS AND DIRECTORS

LE	PSTD	<input type="checkbox"/> Delete
ME	KERRIN, MARK T	
REET ADDRESS	3812 MONCRIEF ROAD 450 W 19th ST	
TY-ST-ZIP	JACKSONVILLE FL 32209	32206

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

LE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	NAME	
REET ADDRESS	STREET ADDRESS	
TY-ST-ZIP	CITY-ST-ZIP	
LE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	NAME	
REET ADDRESS	STREET ADDRESS	
TY-ST-ZIP	CITY-ST-ZIP	
LE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	NAME	
REET ADDRESS	STREET ADDRESS	
TY-ST-ZIP	CITY-ST-ZIP	
LE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	NAME	
REET ADDRESS	STREET ADDRESS	
TY-ST-ZIP	CITY-ST-ZIP	
LE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	NAME	
REET ADDRESS	STREET ADDRESS	
TY-ST-ZIP	CITY-ST-ZIP	

3. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2.29.00**

Daytime Phone #

**904 359.9456**  
**768.9994**

FEB 11 11/14 1999