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

## May 02, 2001 8:00 am DOCUMENT # P99000015805 Secretary of State E N S BUILDING SERVICES, INC. 05-02-2001 90053 014 \*\*\*150.00 Principal Place of Business Mailing Address 1368 CHAPARRAL LANE 1368 CHAPARRAL LANE WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3559310 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOLANO, ESTABAN Street Address (P.O. Box Number is Not Acceptable) 1368 CHAPARRAL LANE ORLANDO FL 32708 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Addition ☐ Delete ☐ Change TITLE SOLANO, ESTEBAN NAME NAME 1368 CHAPARRAL LANE STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE SOLANO, PAOLA NAME 1368 CHAPARRAL LANE STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE SOLANO, NORA NAME NAME 1368 CHAPARRAL LANE STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

Prosident.

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR