

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 03, 2000 8:00 am
Secretary of State

05-03-2000 90085 012 ***150.00

DOCUMENT # P99000080118

1. Entity Name

E-SIGHT.NET, INC.

Principal Place of Business

4400 BAYOU BLVD. SUITE 10-B
 PENSACOLA FL 32503

Mailing Address

4400 BAYOU BLVD. SUITE 10-B
 PENSACOLA FL 32503-1907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Has been Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, JILL S
 4400 BAYOU BLVD, SUITE 10-B
 PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 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

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, JILL S	
STREET ADDRESS	3655 FLINTWOOD CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ANDERSON, PHILIP H	
STREET ADDRESS	3655 FLINTWOOD CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLEMAN, LINDA B	
STREET ADDRESS	5667 CULPEPPER CIRCLE	
CITY-ST-ZIP	PAGE FL 32571	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLEMAN, TOMMY C	
STREET ADDRESS	5667 CULPEPPER CIRCLE	
CITY-ST-ZIP	PAGE FL 32571	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CHARLES R	
STREET ADDRESS	1953 NORTHCROSS LANE #173	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Philip Anderson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00
 Date

4173-2200
 Daytime Phone #

CR2E034 (9/99)