

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90099 027 ***158.75

DOCUMENT # P99000102837

1. Entity Name

ESHOPTHIS.COM, INC.

Principal Place of Business

Mailing Address

BOX 2435
 CLEARWATER FL 33757

P.O. BOX 2435
 CLEARWATER FL 33757

950747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 NORTH GARDEN AVE

3. Mailing Address

101 NORTH GARDEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

SUITE 100

City & State

City & State

CLEARWATER FL

CLEARWATER, FL

Zip

Zip

Country

Country

33755

FLORIDA

33755

FLORIDA

4. FEI Number

59-3610667

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LORCH, DANIEL
311 JEFFERSON AVENUE NORTH
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

BRENDAN HAGGERTY

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

101 NORTH GARDEN AVE #100

City

CLEARWATER

FL

Zip Code

33755

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

BRENDAN HAGGERTY, PRESIDENT 4/25/00

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	D	<input type="checkbox"/> Delete
NAME	LORCH, DANIEL	
STREET ADDRESS	311 JEFFERSON AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/TREASUROR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDAN HAGGERTY	
STREET ADDRESS	101 NORTH GARDEN AVE #100	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASON REGENSBURG	
STREET ADDRESS	101 NORTH GARDEN AVE #100	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN LORCH	
STREET ADDRESS	311 JEFFERSON AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS GURNEY	
STREET ADDRESS	P.O. BOX 2435	
CITY-ST-ZIP	CLEARWATER, FL 34617	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENDAN HAGGERTY

4/25/00

Date

727-446-2854

Daytime Phone #

CR2E034 (9/99)