## 2002 Uniform Business Report (UBR)

## Mar 13, 2002 8:00 am P99000102837 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90070 025 \*\*\*150.00 ESHOPTHIS.COM, INC. Principal Place of Business Mailing Address 101 NORTH GARDEN AVE 101 NORTH GARDEN AVE SUITE 100 **SUITE 100 CLEARWATER FL 33755 CLEARWATER FL 33755** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3610667 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAGGERTY, BRENDAN Street Address (P.O. Box Number is Not Acceptable) 101 NORTH GARDEN AVE, #100 **CLEARWATER FL 33755** City nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named epity submits this SIGNATURE 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 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME LORCH, DANIEL NAME CR2E034 311 JEFFERSON AVENUE NORTH STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33755** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAGGERTY, BRENDAN STREET ADDRESS STREET ADDRESS 101 NORTH GARDEN AVE, #100 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33755 TITLE . \_ Delete \_ - -TITLE .\_ - 🛄 Change - Addition S.-... \_ \_ \_ \_ \_ \_\_\_ REGENSBURG, JASON NAME NAME 101 NORTH GARDEN AVE. #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33755 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME **GURNEY, CHRIS** NAME STREET ADDRESS P.O. BOX 2435 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34617** ☐ Change ☐ Delete TITLE ☐ Addition 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 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

of the corporation or the receiver of trustee changed, or on an attachment with an aud SIGNATURE:

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 of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if