

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90022 020 ***150.00

DOCUMENT # S73693

1. Entity Name

E S P INVESTMENTS OF CENTRAL FLORIDA, INC.

Principal Place of Business

**2500 S. SEMORAN BLVD.
 ORLANDO FL 32822
 US**

Mailing Address

**2500 S SEMORAN BLVD
 ORLANDO FL 32822
 US**

2. Principal Place of Business

5575 S. SEMORAN BLVD

3. Mailing Address

5575 S. SEMORAN BLVD

Suite, Apt. #, etc.

SUITE # 25

Suite, Apt. #, etc.

SUITE # 25

City & State

ORLANDO FL.

City & State

ORLANDO FL.

Zip

32822

Country

U.S.A

Zip

32822

Country

U.S.A

4. FEI Number

59-3079666

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GILLATT, CATHERINE
 2500 S SEMORAN BLVD
 ORLANDO FL 32822**

7. Name and Address of New Registered Agent

**GILLATT, CATHERINE
 Street Address (P.O. Box Number is Not Acceptable)
 5575 S. SEMORAN BLVD
 SUITE # 25
 City ORLANDO FL Zip Code 32822**

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 C. E. Gillatt CATHERINE GILLATT V PRESIDENT 4/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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** ☐ Delete
 NAME **GILLATT, ARTHUR**
 STREET ADDRESS **2500 S SEMORAN BLVD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **V** ☐ Delete
 NAME **GILLATT, CATHERINE**
 STREET ADDRESS **2500 SEMORAN BLVD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **GILLATT, ARTHUR**
 STREET ADDRESS **5575 S. SEMORAN BLVD #25**
 CITY-ST-ZIP **ORLANDO FL. 32822**

TITLE **V. PRESIDENT** ☒ Change ☐ Addition
 NAME **GILLATT, CATHERINE**
 STREET ADDRESS **5575 S. SEMORAN BLVD #25**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: C. E. Gillatt C. E. GILLATT 4/23/02 <401> 3846060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)