


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90337 048 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000025713					
1. Entity Name ESI MOJAVE, INC.					
Principal Place of Business 700 UNIVERSE BLVD. JUNO BEACH, FL 33408			Mailing Address ATTN: RITA W. COSTANTINO 700 UNIVERSE BLVD. JUNO BEACH, FL 33408		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0748643	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEON, J E 9250 W FLAGLER STREET MIAMI, FL 33174			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, RONALD F		NAME	ROBO, JAMES L	
STREET ADDRESS	700 UNIVERSE BLVD		STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH, FL 33408		CITY-ST-ZIP	JUNO BCH, FL 33408	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGHTON, MICHAEL L		NAME		
STREET ADDRESS	700 UNIVERSE BLVD		STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH, FL 33408		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, ROBERT L		NAME	SORENSEN, MARK R	
STREET ADDRESS	700 UNIVERSE BLVD		STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH, FL 33408		CITY-ST-ZIP	JUNO BCH, FL 33408	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTANTINO, RITA W		NAME		
STREET ADDRESS	700 UNIVERSE BLVD		STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH, FL 33408		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANCER, EDWARD F		NAME		
STREET ADDRESS	700 UNIVERSE BLVD		STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH, FL 33408		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SULLIVAN, MICHAEL		NAME		
STREET ADDRESS	700 UNIVERSE BLVD		STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH, FL 33408		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <i>Rita W. Costantino</i>			4/10/2003		561-691-7267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

Rita W. Costantino, Assistant Secretary

CR2E034 (1/02)