

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 578631

1. Entity Name

ESSEX ENTERPRISES INC.

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90070 033 \*\*\*150.00

Principal Place of Business

2221 YONGE ST.,STE.606  
TORONTO,ONTARIO M4S 2B4

Mailing Address

2221 YONGE ST.,STE.606  
TORONTO,ONTARIO M4S 2B4

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1905769

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DATRAM CORPORATE AGENTS~~  
~~9100 S. DADELAND BLVD.~~  
~~SUITE 1000~~  
~~MIAMI FL 33156~~

Name MULLEN + BIZZARRO, PA.

Street Address (P.O. Box Number is Not Acceptable)  
2929 EAST COMMERCIAL BLVD

SUITE PH-C

City FORT LAUDERDALE

FL

Zip Code 33308

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 Joseph P. Mullen, President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/9/01  
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SHIELDS, DAVID J.  
STREET ADDRESS 2221 YONGE ST.,STE.606  
CITY-ST-ZIP TORONTO ON ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

David Shields DAVID SHIELDS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 30, 2001  
Date

416-486-9876-318  
Daytime Phone #

CR2E034 (10/00)