

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 587625

1. Entity Name
ESRO, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90501 040 ***150.00

Principal Place of Business

14255 US HWY ONE
SUITE 240
JUNO BCH FL 33408
US

Mailing Address

14255 US HWY ONE
SUITE 240
JUNO BCH FL 33408
US

00042111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14243 U.S. HIGHWAY ONE 14243 U.S. HIGHWAY ONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JUNO BEACH, FL

City & State
JUNO BEACH, FL

4. FEI Number 59-1959515

Applied For
Not Applicable

Zip
33408

Country

Zip
33408

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

SCHANEL, GLEN G
14255 US HWY ONE
SUITE 240
JUNO BEACH FL 33408

Name

GLENN G. SCHANEL

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

14243 U.S. HIGHWAY ONE

City

JUNO BEACH

FL

Zip Code

33408

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

2/13/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SHARP, FRED
2 CHEIFTAIN CRESCENT
WILLOWDALE, ONTARIO, CA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROHER, IAN
1050 FINCH AVE. W., #201
NORTH YORK ONTARIO CA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

F. SHARP

FEBRUARY 26/01

Date

(561)-624-2118

Daytime Phone #

CR2E034 (10/00)