

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90086 024 ***150.00

DOCUMENT # 615286

1. Entity Name
ESSEX, INC.

Principal Place of Business
FIVE STAR PROPERTIES INC
 721 US 1 217
 NORTH PALM BCH FL 33408
 US

Mailing Address
FIVE STAR PROPERTIES INC
 721 US 1 217
 N PALM BCH FL 33408
 US

AUU43427



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Asset Specialists, Inc.

3. Mailing Address
c/o Asset Specialists, Inc.

Suite, Apt. #, etc.
2442 Metrocentre Blvd.

Suite, Apt. #, etc.
2442 Metrocentre Blvd.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number **59-1895635** Applied For
 Not Applicable

Zip Country
33407 USA

Zip Country
33407 USA

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

DUANE C HEISER FIVE STAR PROPERTIES INC
 721 US 1 217
 NORTH PALM BCH FL 33408

Name *Willis G. Harrison, Mgr.*
 Street Address (P.O. Box Number is Not Acceptable)
c/o Asset Specialists, Inc.
2442 Metrocentre Blvd.
 City *West Palm Beach* **FL** Zip Code *33407*

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 *W Harrison as manager* DATE _____
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, 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	TD STEINKE, DORIS	<input type="checkbox"/> Delete
STREET ADDRESS	KEHRBEEKE 5A	
CITY-ST-ZIP	D3300 BRAUNSCHWEIG 0	
TITLE NAME	D MOELLER, DETTMAR	<input type="checkbox"/> Delete
STREET ADDRESS	BERGHEIDE 19	
CITY-ST-ZIP	D 2104 HAMBURG 92	
TITLE NAME	PSD MOELLER, JURGEN	<input type="checkbox"/> Delete
STREET ADDRESS	ELBSTRASSE 24	
CITY-ST-ZIP	D2000 WEDEL, HOLSTEIO	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jürgen Möller, president* Date *February 6th, 2001*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Jürgen Möller / Jürgen Moeller)

CR2E034 (10/00)