

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 615286

1. Entity Name  
ESSEX, INC.

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

04-10-2001 90086 024 \*\*\*150.00

Principal Place of Business

Mailing Address

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

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

AU043427



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Asset Specialists, Inc.

c/o Asset Specialists, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2442 Metrocenre Blvd.

2442 Metrocenre Blvd.

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33407

USA

33407

USA

4. FEI Number 59-1895635

Applied For

Not Applicable

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 Metrocenre 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

*Willis G. Harrison, Manager*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jürgen Möller, president

February 6th, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Jürgen Möller / Jürgen Möller)

CR2E034 (10/00)