

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS-REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90305 018 \*\*\*150.00

**DOCUMENT # G21394**

1. Entity Name  
**ESSEX ENTERPRISES OF OSCEOLA, INC.**



Principal Place of Business  
**% CHARLOTTE ROBINSON**  
**5160 MOORE ST.**  
**ST. CLOUD FL 34771-7871**

Mailing Address  
**% CHARLOTTE ROBINSON**  
**5160 MOORE ST.**  
**ST. CLOUD FL 34771-7871**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2258529**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**ROBINSON, JOHN**  
**5160 MOORE ST**  
**SAINT CLOUD FL 34771**

## 7. Name and Address of New Registered Agent

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

*John Robinson*  
(NOTE: Registered Agent signature required when reinstating)

*April 18, 2003*  
DATE

**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. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete  
NAME **ROBINSON, JOHN K**  
STREET ADDRESS **5160 MOORE ST.**  
CITY-ST-ZIP **SAINT CLOUD FL 34771**

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

TITLE **D** ☐ Delete  
NAME **ROBINSON, CHARLOTTE**  
STREET ADDRESS **5160 MOORE ST.**  
CITY-ST-ZIP **SAINT CLOUD FL 34771**

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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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)