

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90102 040 ***150.00

0125102

DOCUMENT # K66862

1. Entity Name
ESU, INC.

Principal Place of Business
413 N. FEDERAL HWY
POMPANO BEACH FL 33062
US

Mailing Address
410 N FEDERAL HWY
POMPANO BEACH FL 33062
US

C0041111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Mailing Address
267 S Lindenbaum CPA PA
267 S State RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#24

City & State

City & State
MARGATE FL

4. FEI Number **65-0107172**

Applied For
 Not Applicable

Zip

Country

Zip
33068

Country
USA
BROWARD

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

UDELL, JOSEPH
413 N FEDERAL HWY
POMPANO BEACH FL 33062

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.

SIGNATURE

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 **D** ☐ Delete
 NAME **JOSEPH UDELL**
 STREET ADDRESS **413 N FEDERAL HWY**
 CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE **D** ☐ Delete
 NAME **ELAINE UDELL**
 STREET ADDRESS **413 N FEDERAL HWY**
 CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Elaine Udell

03/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)