

# 2001 UNIFORM BUSINESS REPORT (UBR)

322883 AF

DOCUMENT # L00000001315

1. Entity Name

ESICO TECHNOLOGIES, LLC

FILED

01 FEB 23 PM 2:03

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business

33920 U.S. HIGHWAY 19 NORTH  
SUITE 325  
PALM HARBOR FL 34684

Mailing Address

33920 U.S. HIGHWAY 19 NORTH  
SUITE 325  
PALM HARBOR FL 34684

2. Principal Place of Business

33920 US Hwy 19 N  
Suite, Apt. #, etc.  
325

3. Mailing Address

33920 US Hwy 19 N  
Suite, Apt. #, etc.  
325

City & State

Palm Harbor FL

City & State

Palm Harbor

4. FEI Number

65-0978464

Applied For

Not Applicable

Zip

Country

34684 USA

Zip

Country

34684 USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BIERBAUM, CARL M  
33920 U.S. HIGHWAY 19 NORTH  
SUITE 325  
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name Robert E. Johnson PA  
Street Address (P.O. Box Number is Not Acceptable)  
100 North Tampa  
Suite 3500  
City Tampa FL Zip Code 33602

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL BIERBAUM	
STREET ADDRESS	33920 U.S. Hwy. 19 North, Ste. 325	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Carl M. Bierbaum

2/7/01

727 771 7877

CR2E083 (11/00)