

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002836

1. Entity Name
ESSEX LABORATORIES INTERNATIONAL LLC

FILED

01 APR 26 PM 5: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
340 SUNSET DRIVE, SUITE 1405
FORT LAUDERDALE FL 33301

Mailing Address
340 SUNSET DRIVE, SUITE 1405
FORT LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FORT LAUDERDALE, FL
Suite, Apt. #, etc.
Suite 1405

3. Mailing Address

340 SUNSET DR.
Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FL, FORT LAUDERDALE

4. FEI Number

Applied For
Not Applicable

Zip

33301

Country

BROWARD

Zip

33301

Country

BROWARD

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTWELL, JOHN W
340 SUNSET DRIVE, SUITE 1405
FORT LAUDERDALE FL 33301

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

John W. Cantwell

Apr. 23 2001

Signature typed or printed name of registered agent and title 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

10. ADDITIONS/CHANGES

TITLE NAME John W. Cantwell ☐ Delete
STREET ADDRESS 340 Sunset Drive, Suite 1405
CITY-ST-ZIP Ft Lauderdale, FL 33301

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

TITLE NAME Evelyn A. Cantwell ☐ Delete
STREET ADDRESS 340 Sunset Drive, Suite 1405
CITY-ST-ZIP Ft Lauderdale, FL 33301

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

TITLE NAME Thomas Chapman ☒ Delete
STREET ADDRESS SAME
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

John W. Cantwell

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

Apr. 23 2001 954-467-3405

Date Daytime Phone #

0011694 AF

CR2E083 (11/00)