

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90002 021 \*\*\*\*50.00

**DOCUMENT # L01000001701**

1. Entity Name

**ESG, LLC.**



Principal Place of Business

**3211 S. OCEAN BLVD., UNIT 304  
 HIGHLAND BEACH FL 33487**

Mailing Address

**3211 S. OCEAN BLVD., UNIT 304  
 HIGHLAND BEACH FL 33487**

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

Applied For

Not Applicable

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

**GRAYSON, ELLIOTT S  
 3211 S. OCEAN BLVD., UNIT 304  
 HIGHLAND BEACH FL 33487**

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

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE <b>MGR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>ELLIOTT S. GRAYSON</b>
STREET ADDRESS		STREET ADDRESS	<b>3211 S. OCEAN BLVD. UNIT 304</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>HIGHLAND BEACH FL. 33487</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (4/02)

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: *Elliott S. Grayson* MGR.

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

7-11-2002 561 272 1052

Date

Daytime Phone #