

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90013 007 \*\*\*\*50.00

**DOCUMENT # L01000004717**

1. Entity Name  
**ESO TRADE LLC**

Principal Place of Business

**13201 OLESEN COURT  
 CLERMONT FL 34711**

Mailing Address

**13201 OLESEN COURT  
 CLERMONT FL 34711**

2. Principal Place of Business

**3108 Bent Pine Dr**

Suite, Apt. #, etc.

City & State  
**Fort Pierce FL**

Zip  
**34951**

Country  
**USA**

3. Mailing Address

**3108 Bent Pine Dr**

Suite, Apt. #, etc.

City & State  
**Fort Pierce FL**

Zip  
**34951**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3760037**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JOLLEY, PAULA  
 963 W JUNIATA STREET  
 CLERMONT FL 34711**

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.

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **Grethe Konggaard**  
 CITY-ST-ZIP **3108 Bent Pine Dr**  
**Ft Pierce FL 34951**

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **Erik Olesen**  
 CITY-ST-ZIP **1153 10th Street**  
**Clermont FL 34711**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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TITLE ☐ Change ☐ 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]*

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

02/14/02

Date

561-466-6114

Daytime Phone #

CR2E083 (9/01)