

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90163 032 \*\*\*\*50.00

**DOCUMENT # L01000015281**

1. Entity Name

/ESELPI/ LLC

Principal Place of Business

114 VANDERFORD ROAD  
 ORANGE PARK FL 32073

Mailing Address

114 VANDERFORD ROAD  
 ORANGE PARK FL 32073

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

59-3747314

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, JOANN  
 114 VANDERFORD ROAD  
 ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name JOANN DENEMARK

Street Address (P.O. Box Number is Not Acceptable)  
114 VANDERFORD ROAD

City ORANGE PARK

FL

Zip Code 32073

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-14-02

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE PRESIDENT ☐ Delete  
 NAME JOANN DENEMARK  
 STREET ADDRESS 114 VANDERFORD RD  
 CITY-ST-ZIP ORANGE PARK, FL 32073

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☒ Addition  
 NAME JOANN DENEMARK  
 STREET ADDRESS 114 VANDERFORD RD  
 CITY-ST-ZIP ORANGE PARK, FL 32073

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

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

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

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

3-14-02

Date

Daytime Phone #

(904) 233-9672

CR2E083 (9/01)