

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000328

1. Entity Name

ESL INVESTMENTS, L.L.C.

FILED

00 JAN 20 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6222 KATHY LANE
SHREVEPORT LA 71105

Mailing Address

6222 KATHY LANE
SHREVEPORT LA 71105-4406

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

72-1400743

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSH, LAWRENCE P
150 N.E. EGLIN PARKWAY
FORT WALTON BEACH FL 32548

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM COLQUITT, ETHEL K
STREET ADDRESS 6222 KATHY LANE
CITY-ST-ZIP SHREVEPORT LA 71105

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 7000003112337--8

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP -01/27/00--01018-016
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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.

Trustee
SIGNATURE: Ethel K. Colquitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-10-2000

(318) 861-7294

Date

Daytime Phone #