

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021994

1. Entity Name
ESU IV, INC.

Principal Place of Business

413 N. FEDERAL HWY.
POMPANO BEACH FL 33062

Mailing Address

413 N. FEDERAL HWY.
POMPANO BEACH FL 33062

2. Principal Place of Business

2764 E OAKLAND PARK
BLVD

3. Mailing Address

410 STEVEN S. LINDENBAUM CPA PA
267 S STATE RD 7

Suite, Apt. #, etc.

#24

City & State

MARGATE FL

Zip

33068

Country

USA

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FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90098 022 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1027827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UDELL, JOSEPH
413 N. FEDERAL HWY.
POMPANO BEACH FL 33062

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME UDELL, JOSEPH
STREET ADDRESS 413 N. FEDERAL HWY.
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ Delete

TITLE D
NAME UDELL, ELAINE
STREET ADDRESS 413 N. FEDERAL HWY.
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elaine Udell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/01

Date

Daytime Phone #

0124821

CR2E034 (10/00)