

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90158 004 ***150.00

DOCUMENT # P00000071559

1. Entity Name
ESU V, INC.



Principal Place of Business
**3750 PARK CENTRAL BLVD. NORTH
POMPANO BCH FL 33062**

Mailing Address
**C/O STEVEN LINDENBRUM CPA PA
767 S STATE RD 7 # 24
MARGATE FL 33068**

2. Principal Place of Business

3. Mailing Address
Adler & Blanchard LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Cambridge St.

City & State

City & State

Burlington, MA

Zip

Country

Zip

Country

01803

4. FEI Number **65-1053017**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UDELL, JOSEPH
3750 PARK CENTRAL BLVD. NORTH
POMPANO BCH FL 33062**

Name

Elaine Udell

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

3750 Park Central Blvd. North

City

Pompano Beach

FL

Zip Code

330622

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	UDELL, JOSEPH	
STREET ADDRESS	3750 PARK CENTRAL BLVD. NORTH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	UDELL, ELAINE	
STREET ADDRESS	3750 PARK CENTRAL BLVD. NORTH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

Date

Daytime Phone #

CR2E034 (10/02)