

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90002 016 \*\*\*150.00

DOCUMENT # **P93000085120**

1. Entity Name

**ESEMTO, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**500 NW DIXIE HWY**

3. Mailing Address

**500 NW DIXIE HWY**

Suite, Apt. #, etc.

**101**

Suite, Apt. #, etc.

**101**

City & State

**STUART**

City & State

**STUART**

Zip

**FL 34994**

Country

**MARTIN**

Zip

**FL 34994**

Country

**MARTIN**

4. FEI Number

**65-0455393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**THONNEY MICHEL**

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

**500 NW DIXIE HWY**

Suite **101**

City

**STUART**

**FL**

Zip Code

**34994**

8. The above named entity admits 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.

**MICHEL THONNEY**

(NOTE: Registered Agent signature required when reinstating)

**April 22, 2002**

DATE

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

☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PS THONNEY MICHELE 1497 SE SUNSHINE AV PORT SAINT LUCIE FL 34952</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT THONNEY SACHA 1497 SE SUNSHINE AV PORT SAINT LUCIE FL 34952</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**MICHELE THONNEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)