

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039610

Entity Name
ESSKAY, INC.

Principal Place of Business

11391 S W 3RD ST
PEMBROKE PINES FL 33025
US

Mailing Address

11391 S W 3RD ST
PEMBROKE PINES FL 33025
US

Principal Place of Business

41 ORLANDO DR

3. Mailing Address

PO Box 7737

Suite, Apt. #, etc.

1411 SW 3RD ST, FL

Suite, Apt. #, etc.

City & State

INDIAN LAKE ESTATES, FL

City & State

INDIAN LAKE ESTATES, FL

Zip

33855

Zip

33855

Country

US

4. FEI Number

65-0491129

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, SANDRA

11391 SW 3RD ST

PEMBROKE PINES FL 33025

Name

KAPLAN, SANDRA

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

41B ORLANDO DR

City

INDIAN LAKE ESTATES

FL

Zip Code
33855

7. 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.

8. SIGNATURE *Sandra Kaplan*

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE *2/2/02*

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
KAPLAN, SANDRA
11391 SW 3RD ST
PEMBROKE PINES FL 33026

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

KAPLAN, SANDRA
41B ORLANDO DR
INDIAN LAKE ESTATES, FL 33855

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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: *Sandra Kaplan (SANDRA) KAPLAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/02 863-692-2548

Date

Daytime Phone #

CR2E034 (9/01)