

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039610

Entity Name
ESSKAY, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90070 020 ***150.00

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business

41 ORLANDO DR

3. Mailing Address

PO Box 7737

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIAN LAKE ESTATES, FL

City & State

INDIAN LAKE ESTATES, FL

4. FEI Number

65-0491129

Applied For

Not Applicable

Zip

33855

Country

US

Zip

33855

Country

US

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

7. Name and Address of New Registered Agent

Name KAPLAN, SANDRA

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

41B ORLANDO DR

City INDIAN LAKE ESTATES FL Zip Code 33855

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 *Sandra Kaplan*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/02

3. 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

1. OFFICERS AND DIRECTORS

TITLE DP
NAME KAPLAN, SANDRA
STREET ADDRESS 11391 SW 3RD ST
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME KAPLAN, SANDRA
STREET ADDRESS 41B ORLANDO DR
CITY-ST-ZIP INDIAN LAKE ESTATES, FL 33855 ☒ Change ☐ Addition

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

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

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

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

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

3. 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)