

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055938

1. Entity Name
ESSEX INVESTMENTS OF LONGWOOD, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90043 019 ***150.00

Principal Place of Business
521 WEST STATE ROAD 434
SUITE 101
LONGWOOD FL 32750

Mailing Address
P O BOX 915201
SUITE 101
LONGWOOD FL 32791
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
705 W. S. RD. 434
SUITE, Apt. #, etc.
STE. E

3. Mailing Address
Suite, Apt. #, etc.
OMIT; SUITE 101

City & State
LONGWOOD, FL
Zip
32750
Country
US

City & State
Zip
Country

4. FEI Number 59-3288478

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

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME VYAS, SUREE
STREET ADDRESS 521 WEST STATE ROAD 434 SUITE 101
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS 705 W. S. RD 434, STE. E
CITY-ST-ZIP LONGWOOD, FL 32750 ☒ Change ☐ Addition

TITLE VP
NAME JAHAGIRDAR, DR.
STREET ADDRESS 521 WEST STATE ROAD 434 SUITE 101
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS 705 W. S. RD 434, STE. E.
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: ACV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/22/2001

Date Daytime Phone #

CR2E034 (10/00)