

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90411 009 ***150.00

DOCUMENT # P96000014267

1. Entity Name
ESU II, INC.

Principal Place of Business
**2015 N UNIVERSITY DR.
 CORAL SPRINGS FL 33071**

Mailing Address
**C/O STEVEN LINDRBAUM CPA . PA.
 767 S STATE RD 7
 MARGATE FL 33068**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0797753**

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~~
~~413 N. FEDERAL HWY.~~
~~POMPANO BEACH FL 33062~~

Name
ELAINE UDELL

Street Address (P.O. Box Number is Not Acceptable)
2015 N UNIVERSITY DR

City
CORAL SPRINGS

FL

Zip Code
33071

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

Elaine Udell

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

(NOTE: Registered Agent signature required when reinstating)

04/23/02

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, 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 ☒ Delete
 NAME **D**
 STREET ADDRESS **UDELL, JOSEPH**
 CITY-ST-ZIP **413 N. FEDERAL HWY.**
POMPANO BEACH FL 33062

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **UDELL, ELAINE**
 CITY-ST-ZIP **413 N. FEDERAL HWY.**
POMPANO BEACH FL 33062

☒ Change ☐ Addition
 TITLE **D**
 NAME **UDELL, ELAINE**
 STREET ADDRESS **2015 N UNIVERSITY DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Elaine Udell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02

Date

Daytime Phone #

CR2E034 (9/01)