

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90158 011 ***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

Adler & Blanchard LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Cambridge St.

City & State

City & State

Burlington, MA

Zip

Country

Zip

Country

01803

☒ CHECK HERE IF MAKING CHANGES

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

2015 N. UNIVERSITY DR

POMPANO BEACH FL 33071

Name

Elaine Udell

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

2105 N. University Dr.

City

Pompano Beach

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UDELL, ELAINE 2015 N. UNIVERSITY DR POMPANO BEACH FL 33071	<input type="checkbox"/> Delete
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12. 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 10 or Block 11 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)