

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90033 048 ***150.00

DOCUMENT # P96000088303

1. Entity Name

ESKO ASSET MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

340 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

SUITE 305

City & State

PALM BEACH FL

Zip

33480

Country

US

3. Mailing Address

340 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

SUITE 305

City & State

PALM BEACH FL

Zip

33480

Country

US

4. FEI Number

65-0710533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JENKINS, JAMES C

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

340 ROYAL POINCIANA WAY - SUITE 305

City

PALM BEACH

FL

Zip Code

33480

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

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

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOHL, SIDNEY 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDT JENKINS, JAMES C 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDS LEVIN, JAMES S 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL, 33480	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #