

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004380

1. Entity Name

ESKO CALUSA, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90047 013 ***150.00

Principal Place of Business

340 ROYAL POINCIANA WAY
SUITE 305
PALM BEACH FL 33480
US

Mailing Address

340 ROYAL POINCIANA WAY
SUITE 305
PALM BEACH FL 33480-4094
US

A0031038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0730313

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D
1205 MANATEE AVE. WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

JAMES C. JENKINS

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE PD
NAME JENKINS, JAMES C
STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE VPDS
NAME LEVIN, JAMES S
STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE DP
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE DP ☐ Change ☒ Addition
NAME SIDNEY KOHL
STREET ADDRESS 340 ROYAL POINCIANA WAY - SUITE 305
CITY-ST-ZIP PALM BEACH, FLORIDA 33480

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. JENKINS

3/18/00

561-833-5050

Date

Daytime Phone #