## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an adgless, with all other like empowered.

SIGNATURE:

## FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P9700004380 1. Entity Name ESKO CALUSA, INC. 05-02-2001 90185 010 \*\*\*150.00 Mailing Address Principal Place of Business 340 ROYAL POINCIANA WAY 340 ROYAL POINCIANA WAY SUITE 305 SUITE 305 C0057990 PALM BEACH FL 33480 PALM BEACH FL 33480 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0730313 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JENKINS, JAMES C Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL POINCIANA **STE 305** PALM BEACH FL 33480 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE DVPT ☐ Delete TITLE NAME NAME JENKINS, JAMES C STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition Change Delete TITLE **VPDS** TITLE NAME LEVIN, JAMES S MAME STREET ADDRESS STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305 CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL 33480 Change Addition Delete -TITLE TITLE KOHL, SIDNEY NAME STREET ADDRESS STREET ADDRESS 340 ROYAL POINCIANA WAY STE 305 CITY-ST-ZIP CITY-ST-7JP PALM BEACH FL 33480 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

<u> 4MESC JENKINS 4/27/2001 561-833-</u>