

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-27-2002 90032 032 ***150.00

DOCUMENT # P97000038241

1. Entity Name

ESA 0328, INC.

Principal Place of Business

450 EAS LAS OLAS BLVD.
 SUITE 1100
 FT LAUDERDALE FL 33301

Mailing Address

450 EAS LAS OLAS BLVD.
 SUITE 1100
 FT LAUDERDALE FL 33301

2. Principal Place of Business

101 N. Pine Street

Suite, Apt. #, etc.

Suite 200

City & State

Spartanburg SC

Zip

29302

Country

3. Mailing Address

101 N. Pine Street

Suite, Apt. #, etc.

Suite 200

City & State

Spartanburg SC

Zip

29302

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0751552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	JOHNSON, GEORGE D J	
STREET ADDRESS	450 E LAS OLAS BLVD, #1100	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	BRANNON, ROBERT A	
STREET ADDRESS	450 E LAS OLAS BLVD, #1100	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MOXLEY, GEORGE R	
STREET ADDRESS	450 W LAS OLAS BLVD. STE # 1100	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 N. Pine Street, Suite 200	
STREET ADDRESS	Spartanburg SC 29302	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 N. Pine Street, Suite 200	
STREET ADDRESS	Spartanburg, SC 29302	
CITY-ST-ZIP		
TITLE	Moxley, George R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 N. Pine Street, Suite 200	
STREET ADDRESS	Spartanburg, SC 29302	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

George R Moxley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02
 Date

Daytime Phone #

CR2E034 (9/01)