## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P97000077387 DOCUMENT #

1. Entity Name



ESCANABA PROPERTIES, INC. Principal Place of Business Mailing Address 1600 ROYAL PALM WAY 1600 ROYAL PALM WAY **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0985660 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSEMURGY, JAMES Street Address (P.O. Box Number is Not Acceptable) 1600 ROYAL PALM WAY **BOCA RATON FL 33432** City 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees ŸÖ. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change ☐ Addition NAME ROSEMURGY, JAMES NAME osem u R94 STREET ADDRESS 1600 ROYAL PALM WAY STREET ADDRESS 1600 Royal CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP BOCA R'ATON, 71. DILE ☐ Delete Change NAME NAME Rosemurgy, DEANNA STREET ADDRESS STREET ADDRESS Boca Raton, 71. 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME Rosemurgy, Hlex STREET ADDRESS STREET ADDRESS 1600-Royal Palm Way CITY-ST-7IP CITY-ST-ZIP BOCK RATON, 71. 33432 TITLE ☐ Delete TITLE 口/り ☐ Change Addition NAME NAME Rosemurgy, Janue STREET ADDRESS STREET ADDRESS 1600 Royal Palm was CITY-ST-ZIP CITY-ST-ZIP Boca Ratm, 71 3343 ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

James

FILED Jan 21, 2003 8:00 am Secretary of State

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12. Thereby certify that the information explied with his 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 frue 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 of the tecever of 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

SIGNATURE

attach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Rosemurgy