## 2002 UNIFORM BUSINESS REPORT (UBR)

## P99000016133 DOCUMENT #

1. Entity Name

STREET ADDRESS

SIGNATURE:

of the corporation or the receiver of changed, or on an attachment with

CITY-ST-ZIP

**ESCOE INCORPORATED** 

Mailing Address Principal Place of Business 1365 WINDSOR HARBOR DR. 1365 WINDSOR HARBOR DR. JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3557579 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE GREEN, ROBERT E NAME STREET ADDRESS 3638 OVERLOOK AVENUE STREET ADDRESS CITY-ST-ZIP MACON GA 31204 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete **VSD** NAME HURSE, BRIAN H NAME STREET ADDRESS 1365 WINDSOR HARBOR DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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

HURSE

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 suppliemental 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 of 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

an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 27, 2002 8:00 am Secretary of State

05-27-2002 90373 014 \*\*\*150.00