

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90092 021 ***550.00

DOCUMENT # F0000006084

1. Entity Name
EPIC FURNITURE GROUP, INC.

Principal Place of Business
6301 N.W. 5TH WAY, SUITE 3600
FORT LAUDERDALE FL 33309

Mailing Address
6301 N.W. 5TH WAY, SUITE 3600
FORT LAUDERDALE FL 33309

00138879



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
9387 DIELMAN IND. DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST. LOUIS, MO

4. FEI Number **65-1017719**

Applied For
 Not Applicable

Zip

Country

Zip **63132**

Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DAVID L PRICE
 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:

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATTS, R. CRAIG	
STREET ADDRESS	6301 N.W. 5TH WAY, SUITE 3600	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BACKER, LEONARD J	
STREET ADDRESS	6301 N.W. 5TH WAY, SUITE 3600	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRICE, ROBERT L	
STREET ADDRESS	6301 N.W. 5TH WAY, SUITE 3600	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, FRANKLIN A	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63132	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSLEY, DAVID L	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63132	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRELLER, MICHAEL J	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63132	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Leah Bennett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02 314-991-9200
 Date Daytime Phone #

CR2E034 (4/02)