## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2000 8:00 am Secretary of State DOCUMENT # **P97000103276** EPI SOUTHBRIDGE TWO, INC. 03-02-2000 90028 049 \*\*\*150.00 Principal Place of Business Mailing Address 250 INTERNATIONAL PARKWAY 250 INTERNATIONAL PARKWAY R0029652 SUITE 150 SUITE 150 HEATHROW FL 32746-5006 HEATHROW FL 32746 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3486234 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Grant Downing SELBY, C. THOMAS Street Address (P.O. Box Number is Not Acceptable) Godbold, Downing, Sheahan & Bill, PA 250 INTERNATIONAL PARKWAY SUITE 150 222 West Comstock Ave, Suite 101 **HEATHROW FL 32746** City 32789 Winter Park 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete ☐ Addition D TITLE TITLE NAME SELBY, C. THOMAS NAME STREET ADDRESS STREET ADDRESS 250 INTERNATIONAL PKWY STE 150 CITY-ST-7IP CITY-ST-ZIP HEATHROW FL 32746 Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 frue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as produced by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with ar

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Selby 1.5.00