

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90271 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000023715**

1. Entity Name  
**EPSILON SQUARED, INC.**

Principal Place of Business      Mailing Address  
**4910 14TH STREET WEST**      **4910 14TH STREET WEST**  
**SUITE 311**      **SUITE 311**  
**BRADENTON FL 34207**      **BRADENTON FL 34207-2481**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. Box 21016**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Bradenton, FL**

Zip      Country      Zip      Country  
**34204**      **Manatee**

4. FEI Number      Applied For  
**65-0883385**      Not Applicable

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

**SILBERSTEIN, DAVID M**  
**720 SOUTH ORANGE WEST**  
**SUITE 311**  
**BRADENTON FL 34207**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Gavin Stark</b> <b>8246 EAGLES PARK DRIVE N</b> <b>ST. PETERSBURG, FL 38709-7007</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Stephen Mullen</b> <b>3172 57th Ave Circle E.</b> <b>Bradenton FL 34203</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *STEPHEN MULLEN*      **STEPHEN MULLEN**      **6-27-00**      **941 752-1470**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)