

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007051

**Entity Name:** EPIC WARRIORS, INC.

**Current Principal Place of Business:**

301 W. BAY ST  
STE 14122  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

301 W. BAY ST  
STE 14122  
JACKSONVILLE, FL 32202 US

**FEI Number:** 46-0718791

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TUCKER, ROBERT  
301 W. BAY ST  
STE 14122  
JACKSONVILLE, FL 32202 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            TUCKER, ROBERT  
Address        301 W. BAY ST  
                  STE 14122  
City-State-Zip: JACKSONVILLE FL 32202

Title            D  
Name            PAGE, TIMOTHY  
Address        301 W. BAY ST  
                  STE 14122  
City-State-Zip: JACKSONVILLE FL 32202

Title            D  
Name            PERKINS, ALEXANDER  
Address        301 W. BAY ST  
                  STE 14122  
City-State-Zip: JACKSONVILLE FL 32202

Title            D  
Name            ARTHUR, MICHAEL  
Address        301 W. BAY ST  
                  STE 14122  
City-State-Zip: JACKSONVILLE FL 32202

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT TUCKER

**PRESIDENT, CEO**

**05/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date