

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90234 041 ***150.00

DOCUMENT # 466390

1. Entity Name
E-P ASSOCIATES, INC.

Principal Place of Business

**985 C-470
 LAKE PANASOFFKEE FL 33538
 US**

Mailing Address

**PO BOX 1583
~~1210 CR 459~~ Delete
 LAKE PANASOFFKEE FL 33538
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1583

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Panasoffkee

Zip

Country

Zip

Country

33538

Sumter

4. FEI Number

59-1563409

Applied For

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

**BARNARD, RODERICK L.
 1317 CR 436
 LAKE PANASOFFKEE FL 33538**

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

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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: **VP** ☐ Delete
 NAME: **BARNARD, M.G.**
 STREET ADDRESS: **C.R 436**
 CITY-ST-ZIP: **L. PANASOFFKEE FL**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **PTS** ☐ Delete
 NAME: **BARNARD, RODERICK L.**
 STREET ADDRESS: **C.R 436**
 CITY-ST-ZIP: **L. PANASOFFKEE FL**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
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 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ 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: **Roderick L. Barnard**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 352-793-5591
 Date Daytime Phone #

CR2E034 (9/01)