

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000807

Entity Name

EPN #2, LTD.

FILED

01 JUL 18 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
50 3RD STREET NORTH, UNIT D
PETERSBURG FL 33709

Mailing Address
3950 3RD STREET NORTH, UNIT D
ST. PETERSBURG FL 33709

Principal Place of Business
5445 Mariner St.
Suite, Apt. #, etc.
Suite 107
City & State
Tampa, FL
Zip
33609
Country
USA

3. Mailing Address
5445 Mariner St.
Suite, Apt. #, etc.
Suite 107
City & State
Tampa, FL
Zip
33609
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3623478
APPLIED FOR
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

SUNCOAST PARTNERS, INC.
3950 3RD STREET NORTH, UNIT D
ST. PETERSBURG FL 33709

Name
WILHERST DEVELOPERS INC
Street Address (P.O. Box Number is Not Acceptable)
5445 Mariner St.
Suite 107
City
Tampa
FL
Zip Code
33609

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 Mark R. [Signature] DATE _____
(NOTE: Registered Agent signature required when reinstating)

Capital Contributions
Shown on record. \$21,314.37

10. Amount of Capital Contributions
in FLORIDA to date. 193,314.37

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
ENT #	P97000071102 Wilherst Developers Inc	STREET ADDRESS	5445 Mariner St, Suite 107
ADDRESS	SUNCOAST PARTNERS, INC. Doc#	CITY-ST-ZIP	Tampa, FL 33609
ENT #	9950 3RD STREET NORTH, UNIT D P96000101894	STREET ADDRESS	
ADDRESS	ST. PETERSBURG FL 33709 Wilherst	CITY-ST-ZIP	
ENT #		STREET ADDRESS	
ADDRESS		CITY-ST-ZIP	
ENT #		STREET ADDRESS	
ADDRESS		CITY-ST-ZIP	
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ADDRESS		CITY-ST-ZIP	
ENT #		STREET ADDRESS	
ADDRESS		CITY-ST-ZIP	

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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 stated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Mark R. [Signature] DATE 7-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (11/00)