

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90172 039 ***150.00

DOCUMENT # F00000006084

1. Entity Name

EPIC FURNITURE GROUP, INC.

Principal Place of Business

**6301 N.W. 5TH WAY, SUITE 3600
 FORT LAUDERDALE FL 33309**

Mailing Address

**6301 N.W. 5TH WAY, SUITE 3600
 FORT LAUDERDALE FL 33309**

713962



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1017719**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	WATTS, R. CRAIG	
STREET ADDRESS	6301 N.W. 5TH WAY, SUITE 3600	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BACKER, LEONARD J	
STREET ADDRESS	6301 N.W. 5TH WAY, SUITE 3600	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRICE, ROBERT L	
STREET ADDRESS	6301 N.W. 5TH WAY, SUITE 3600	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, FRANKLIN A	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63132	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSSER, DARRYL C	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63132	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRELLER, MICHAEL J	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63132	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORLEY, DAVID L.	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE	
CITY-ST-ZIP	ST. LOUIS, MO 63132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

Michael J. Dreller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. DRELLER
 Date

1/18/01 (314) 991-9200
 Daytime Phone #

CR2E034 (10/00)

UC10UB