

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0103697 AV

DOCUMENT # F00000007034

1. Entity Name

EPIK LEASING COMPANY

04-01-2002 90647 046 ***150.00

Principal Place of Business

**3501 QUADRANGLE BLVD., SUITE 225
ORLANDO FL 32817**

Mailing Address

**3501 QUADRANGLE BLVD., SUITE 225
ORLANDO FL 32817**



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

59-2687308

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

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

7. Name and Address of New Registered Agent

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

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	MCCLELLAN, JOHN D	
STREET ADDRESS	3501 QUADRANGLE BLVD., SUITE 225	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FINZI, BENJAMIN	
STREET ADDRESS	3501 QUADRANGLE BLVD., SUITE 225	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	WELCH, JOHN E	
STREET ADDRESS	3501 QUADRANGLE BLVD., SUITE 225	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	BYRNE, ROBERT J	
STREET ADDRESS	3501 QUADRANGLE BLVD., SUITE 225	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	E. CRAIG SANDERS	
STREET ADDRESS	3501 QUADRANGLE BLVD., SUITE 225	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOS L ROJAS	
STREET ADDRESS	3501 QUADRANGLE BLVD., SUITE 225	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY M. WILLIAMS	
STREET ADDRESS	3501 QUADRANGLE BLVD., SUITE 225	
CITY-ST-ZIP	ORLANDO, FL 32817	
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		

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:

Timothy M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Williams 03/06/02 (407) 482-8400

Date

Daytime Phone #

CR2E034 (9/01)