

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90236 034 ***550.00

DOCUMENT # F01000000243

1. Entity Name
EPIX V, INC.

Principal Place of Business

**1480 ROUTE 9 NORTH
WOODBRIDGE NJ 07095**

Mailing Address

**1480 ROUTE 9 NORTH
WOODBRIDGE NJ 07095**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3542630

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

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

Name

Edwin Shepherdson

Street Address (P.O. Box Number is Not Acceptable)

3710 Corporex Park Drive

Suite 300

City

Tampa

FL

Zip Code

33619

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Edwin Shepherdson

9/4/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☒ Delete
NAME **ROSENTHAL, STEVE**
STREET ADDRESS **1480 ROUTE 9 NORTH**
CITY-ST-ZIP **WOODBRIDGE NJ 07095**

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

TITLE **S** ☐ Delete
NAME **DEUTSCH, PETER**
STREET ADDRESS **342 MADISON AVEN., SUITE 622**
CITY-ST-ZIP **NEW YORK NY 33619**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **45 West 45th Street, Ste. 500**
CITY-ST-ZIP **New York, NY 10036**

TITLE **TD** ☐ Delete
NAME **TAYLOR, THOMAS**
STREET ADDRESS **3710 CORPOREX PARK DRIVE**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☒ Change ☐ Addition
NAME **CEO**
STREET ADDRESS **1480 Rte. 9 North**
CITY-ST-ZIP **Woodbridge, NJ 07095**

TITLE **CD** ☐ Delete
NAME **WAJNERT, THOMAS**
STREET ADDRESS **8473 BAY COLONY DRIVE**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3710 Corporex Park Drive, Ste. 300**
CITY-ST-ZIP **Tampa, FL 33619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP Treasury**
STREET ADDRESS **Edwin Shepherdson**
CITY-ST-ZIP **3710 Corporex Park Drive**
Tampa, FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

THOMAS S. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/02 800-879-3641

CR2E034 (4/02)