

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90207 042 ***150.00

FORM 1000 (11/01)

DOCUMENT # F02000005127

1. Entity Name
911EP, INC.



Principal Place of Business
**1400 MARSH LANDING PARKWAY, SUITE 112
JACKSONVILLE FL 32250**

Mailing Address
**1400 MARSH LANDING PARKWAY, SUITE 112
JACKSONVILLE FL 32250**



2. Principal Place of Business
13386 INTERNATIONAL PKWY

3. Mailing Address
Suite, Apt. #, etc.

City & State
JACKSONVILLE FLORIDA

City & State

4. FEI Number
13-4213473

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip
32218

Country
USA

Zip
Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROSKREY, STEVEN E 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHILLER, ROBERT R 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPILLER, JONATHAN M 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, TODD 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WILLIAMS, MARK 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAFER, RICH 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE FL 32250 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED TODD S. SMITH 1/21/03 904-741-1728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)