

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90138 010 ***150.00

DOCUMENT # F56171

1. Entity Name
EPSILON SYSTEMS, INC.



Principal Place of Business

~~7911 MAPLEWOOD DR~~
~~UNIT 107~~
~~MELBOURNE FL 32904~~
~~US~~

Mailing Address

2647 LAKESIDE DR
WHITE PINE TN 37890
US

2. Principal Place of Business

2070 STRATFORD POINTE DR

3. Mailing Address

Suite, Apt. #, etc.

City & State
W. MELBOURNE

City & State

Zip
32904

Country
US

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2141721

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GAGE, RANDALL L

~~7911 MAPLEWOOD DR~~
~~UNIT 107~~
~~MELBOURNE FL 32904~~

7. Name and Address of New Registered Agent

Name RANDALL L. GAGE

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

2070 STRATFORD POINTE DR

City W. MELBOURNE FL 32904

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 *Randall L. Gage* RANDALL L. GAGE 3/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 PDTS
NAME GAGE, RICHARD J.
STREET ADDRESS 2647 LAKESIDE DR
CITY-ST-ZIP WHITE PINE TN 37890 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Richard J. Gage* RICHARD J. GAGE, PDTS, 03/07/03 865-674-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)