## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 03, 2000 08:00 AM DOCUMENT # F9700006677 1. Entity Name **Secretary of State** EPANI, INC. Principal Place of Business Mailing Address 4207 VINELAND RD. 4207 VINELAND RD. SUITE M-7 SUITE M-7 ORLANDO FL ORLANDO FL 32811 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3485917 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM SIMMONS CLEATOUS 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 215 N. EOLA DRIVE PLANTATION $\mathbf{FL}$ 33324 City Zip Code ORĹANDO 32801 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. 03/03/2000 CLEATOUS J. SIMMONS 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 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE N Delete TITLE ☐ Change ☐ Addition EKLUND NIKLAS NAME STREET ADDRESS TYGHUSGATAN 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALMSTAD, SWEDEN 30232 TITLE ☐ Delete TITLE X Change ☐ Addition NAME WAHLSTEDT NAME VIT EKLUND NIKLAS STREET ADDRESS 4207 VINELAND RD STE M7 STREET ACCRESS 4207 VINELAND RD STE M7 CITY-ST-ZIF ORLANDO FI. 32811 CITY-ST-7IP ORLANDO FT. 32811 TITLE ☐ Delete TILE X Change ☐ Addition NAME ELIASSON PATRIK NAME ELIASSON PATRIK STREET ADDRESS TYGHUSGATAN 4, 3-30232 HALMSTAD 4207 VINELAND RD. SUITE M-7 STREET ADDRESS CITY-ST-ZIP SWEDEN CITY-ST-ZIP ORLANDO 32811 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-7/8

STREET ADDRESS

CITY-ST-7IP