

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H72061

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

Entity Name: EPI SYSTEMATICS, INC.

**Current Principal Place of Business:**

3874 S.E. 13TH PLACE  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 60233  
FT MYERS, FL 339066233 US

**New Mailing Address:**

FEI Number: 59-2576030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLLEY, NANCY A  
3874 S.E. 13 PLACE  
CAPE CORAL, FL 33904

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZELLNER, STEPHEN R  
Address: 2675 WINKLER AVENUE  
City-St-Zip: FT. MYERS, FL 33901

Title: STD ( ) Delete  
Name: POLLEY, NANCY A  
Address: 3874 S.E. 13TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY A. POLLEY

STD

04/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date