

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90004 003 ***150.00

DOCUMENT # J74403

1. Entity Name

E.P.S.S., INC.

Principal Place of Business

Mailing Address

**% COMMUNITY TV OF JUPITER
 2562 W. INDIANTOWN RD.
 JUPITER FL 33458**

**% COMMUNITY TV OF JUPITER
 2562 W. INDIANTOWN RD.
 JUPITER FL 33458**

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 **59-2838031**

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

Name

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

City

FL

Zip Code

**BLAIR, JOSEPH F.
 SUITE 1
 9091 NORTH MILITARY TRAIL
 PALM BEACH GARDENS FL 33410**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!
 After MAY 1, 2001
 Make Check Payable**

**FEE IS \$150.00
 Fee will be \$550.00
 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	P	<input type="checkbox"/> Delete
NAME	BLAIR, JOSEPH FRANCIS	
STREET ADDRESS	9091 N MILITARY TR., #1	
CITY-ST-ZIP	PALM BCH GRDNS FL 33410	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLAIR, ROBERT ARTHUR	
STREET ADDRESS	9091 N MILITARY TR., #1	
CITY-ST-ZIP	PALM BCH GRDNS FL 33410	
TITLE		<input type="checkbox"/> Delete
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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 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:

Robert Blair
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

DIRECTOR

Date

Daytime Phone #

5-1-01 561 575-1500

CR2E034 (10/00)