

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90083 029 ***150.00

DOCUMENT # K51789

1. Entity Name

EPI, Environmental Professionals, Inc.

DO NOT WRITE IN THIS SPACE

B0053571

2. Principal Place of Business
166 A1A North

3. Mailing Address
166 A1A North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

4. FEI Number
59-2925212

Applied For
Not Applicable

Zip
32082

Country
USA

Zip
32082

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Roger G. Gallop

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

3008 Cypress Creek Dr. E.

City Ponte Vedra Beach **FL** **Zip Code** 32082

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
NAME PS
STREET ADDRESS Roger G. Gallop
CITY-ST-ZIP 3008 Cypress Creek Dr. E.
Ponte Vedra Beach, FL 32082

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger G. Gallop

3/13/02

Date

904-280-1046

Daytime Phone #

CR2E034B (12/01)