

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90232 032 ***150.00

DOCUMENT #	K 94887
1. Entity Name	E. P. PLANNERS CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3066 TAMiami TR. N.	P.O. Box 770505
Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 202	
City & State	City & State
Naples, FLORIDA	Naples, FLORIDA
Zip	Zip
34103	34107
Country	Country
USA	USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number	Applied For
	65-0128967	Not Applicable
	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	<input type="checkbox"/>	
7. Name and Address of Current Registered Agent		
Name		
Rapps, Jill C.		
Street Address (P.O. Box Number is Not Acceptable)		
2521 AUGUSTA DRIVE		
City		
Naples FL Zip Code		
34109		

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: DATE: 4/11/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	TITLE	NAME
NAME	Rapps, Jill C	NAME	
STREET ADDRESS	2521 AUGUSTA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	Naples, FLORIDA 34109	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
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TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: J. C. Rapps 4/11/03 239-254-1336

CR2E034B (12/02)