

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90308 028 ***150.00

DOCUMENT # L 45162

1. Entity Name

EPIX VIII, Inc.

Principal Place of Business

*3710 Corporate Park Dr
Suite 300
Tampa FL 33619*

Mailing Address

*1480 Route 9 North
Suite 300
Woodbridge NJ 07095*

2. Principal Place of Business

*3710 Corporate Park Dr
Suite, Apt. #, etc.
Suite 300*

3. Mailing Address

*1480 Route 9 North
Suite, Apt. #, etc.
Suite 300*

City & State

Tampa FL

City & State

Woodbridge NJ

Zip

33619

Country

US

Zip

07095

Country

US

4. FEI Number

59-299253J

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*Moore Michael M
3710 Corporate Park Dr
Suite 300
Tampa FL 33619*

7. Name and Address of New Registered Agent

Name *Moore Michael M*
Street Address (P.O. Box Number is Not Acceptable)
3710 Corporate Park Dr
Suite 300
City *Tampa FL* Zip Code *33619*

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!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME *C Wajnort, Thomas C*
STREET ADDRESS *3710 Corporate Park Dr II300*
CITY-ST-ZIP *Tampa FL 33619*

TITLE ☐ Delete
NAME *CFO Taylor, Thomas S*
STREET ADDRESS *3710 Corporate Park Dr #300*
CITY-ST-ZIP *Tampa FL 33619*

TITLE ☐ Delete
NAME *P Rosenthal, Steve A*
STREET ADDRESS *1480 Route 9 North*
CITY-ST-ZIP *Woodbridge NJ 07095*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

Date

732-855-8585

Daytime Phone #

CR2E034 (11/00)