

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

DOCUMENT # M01000001846

1. Entity Name

EPIC FINANCIAL, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1407 Route 9
Suite, Apt. #, etc.

3. Mailing Address

1407 Route 9
Suite, Apt. #, etc.

City & State

Clifton Park, NY

City & State

Clifton Park, NY

Zip
12065

Country
United States

Zip
12065

Country
United States

4. FEI Number

14-1834075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
~~BREAZEALE, HOPKINS - P. - I - T -~~

Street Address (P.O. Box Number is Not Acceptable)
HORIZON CHARTERS, LLC

5053 OCEAN BOULEVARD

City
SARASOTA

FL

Zip Code
34242

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 reissuing)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MANAGER	PAUL E. DION	14 MONTGOMERY WAY	CLIFTON PARK, NY 12065				
MANAGER	MATTHEW HAUSMAN	629 PLANK ROAD, BOX 142	CLIFTON PARK, NY 12065				

**DO NOT WRITE
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-03-2002 90038 035 ***150.00