

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 000000044481

1. Entity Name

EPOXI SOFT CORPORATION

Principal Place of Business

Mailing Address

3053 EGRET TER  
SAFETY HARBOR, FL 34695

2. Principal Place of Business

924 RIVERSIDE RIDGE RD

Suite, Apt. #, etc.

3. Mailing Address

924 RIVERSIDE RIDGE RD

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

US

Zip

34689

Country

US

4. FEI Number

59-3652792

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEPHEN T. CANNON  
3053 EGRET TERRACE  
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

Name STEPHEN T. CANNON

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

924 RIVERSIDE RIDGE RD

City TARPON SPRINGS

FL

Zip Code 34689

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

Stephen T. Cannon

Stephen T. Cannon

June 15, 2001

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elect 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	<u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>STEPHEN T. CANNON</u>	
STREET ADDRESS	<u>924 RIVERSIDE RIDGE RD</u>	
CITY-ST-ZIP	<u>TARPON SPRINGS, FL 34689</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>PRESIDENT</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>STEPHEN T. CANNON</u>	
STREET ADDRESS	<u>924 RIVERSIDE RIDGE RD</u>	
CITY-ST-ZIP	<u>TARPON SPRINGS, FL 34689</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 all other like empowered.

SIGNATURE:

Stephen T. Cannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15, 2001

DATE

727.515.6239

DAYTIME PHONE #

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

06-25-2001 90252 043 \*\*\*158.75

07-31-2001 90008 005 \*\*\*391.25

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)



Attachment# P00000044481  
B0060996

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 27, 2001

EPOXISOFT CORPORATION  
924 RIVERSIDE RIDGE RD  
TARPON SPRINGS, FL 34689

Subject: EPOXISOFT CORPORATION

Reference: ~~P00000044481~~  
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$391.25.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MS.  
ANNUAL REPORTS SECTION