FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90163 009 ***155.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113157

1. Entity Name
ENTERPRISE PROCESS EXCELLENCE, INC.

10

Principal Place of Business
~~12848 KEDLESTON CIRCLE~~
~~FORT MYERS, FL~~ 33912

Mailing Address
~~12848 KEDLESTON CIRCLE~~
~~FORT MYERS, FL~~ 33912

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10842 POND RIDGE DR.	10842 POND RIDGE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State: FORT MYERS FL
Zip: 33913 Country: USA	Zip: 33913 Country: USA

4. FEI Number: 65-1061051 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHRADER, WILLIAM
~~12848 KEDLESTON CIRCLE~~
~~FORT MYERS, FL 33912~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 10842 POND RIDGE DRIVE
City: FORT MYERS FL Zip Code: 33913

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: [signature] WILLIAM SCHRADER 4/14/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SCHRADER, WILLIAM ~~12848 KEDLESTON CIRCLE~~ ~~FORT MYERS, FL 33912~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10842 POND RIDGE DRIVE FORT MYERS FL 33913
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] WILLIAM SCHRADER 4/14/2003 617-306-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #