## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000016319

1. Entity Name

E.J.P. TECHNOLOGY, INC.



## FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90738 022 \*\*\*150.00

E. Name and Address of Current Registored Agent  6. Name and Address of Current Registored Agent  7. Name and Address of New Registored Agent  Name PIRE, EMILY P 11665 SW 72ND CIRCLE  CCALA FL 34476  City  FL  Zip Codo  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Codo  City  FL  Zip Codo  City  FL  Zip Codo  City  FL  Zip Codo  Street Address (P.O. Box Number is Not Acceptable)  FLE Now!!! FEE IS 518.0.00  After May 1, 2003 Fee will be 555.0.0  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE  PIRE, EMILY P  RIME  PIRE, EMILY P  RIME  PIRE, EMILY P  RIME  PIRE, EMILY P  RIME  VD  PIRE, PAUL E  RIME  VD  PIRE, PAUL E  RIME  VD  RIME  OCALA FL 34476  CITY-ST-Zip  DIBBS WY 72 CIR  CITY-ST-Zip  DI					9·]	
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City & State  City & State  City & State  City & State  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  File Required  8. The above named entity submits this statement for the purpose of changing its registered citico or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent.  FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTIONS  11. ADDITIONS/CHANGES TO CHICCES AND DIRECTIONS  11. ADDITIONS/CHANGES TO CHICCES AND DIRECTIONS IN THE MAKE SIRET ADDRESS OF STATE ADDR	Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	<u> </u>	O CHECK HERE IS MAKE	
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8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  PIKE, EMILY P  11865 SW 72ND CIRCLE  OCALA FL 34476  City  FL  Zip Code  Street Address (P.D. Box Number is Not Acceptable)  City  FL  Zip Code  1. The above named entire submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida Department of State 100 and acceptable to the obligation of Plant agent a					59-3702427	Not Applied For
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CH1-21-71k	CITY-ST-ZIP	SAINT PAUL MN 55118		CITY-ST-ZIP		
2. 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 certify that here are efficiency of the same legal effect as if made under certify that here are efficiency of the same legal effect as if made under certify that here are efficiency of the same legal effect as if made under certify that here are efficiency of the same legal effect as if made under certify that here are efficiency of the same legal effect as if made under certify that here are efficiency of the same legal effect as if made under certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same legal effect as if made under certification in the same le	2. I hereby o	certify that the information supplied with	this filing does not qualify	for the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further or	ertify that the information

2. 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: ENGREPHINE PROPERTY EMILYP. P. Ke. 3-10-03 (352) 861-6953