FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90034 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043957

1. Entity Name
EP CONSULTING GROUP, INC.

DO NOT WRITE IN THIS SPACE

B00058694

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3666 CAMERON CROSSING DR	3. Mailing Address: 3666 CAMERON CROSSING DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32223 / Country	Zip: 32223 / Country

4. FEI Number: 59-3715590 — ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: EUGENE P. PORTER
Street Address (P.O. Box Number is Not Acceptable): 3666 CAMERON CROSSING DRIVE
City: JACKSONVILLE FL Zip Code: 32223

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) ☒

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	PSTD	TITLE	
NAME	EUGENE P. PORTER	NAME	
STREET ADDRESS	3666 CAMERON CROSSING DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 all other like empowered.

SIGNATURE: Eugene P. Porter Eugene P. Porter, President 2/6/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 904 610-8300