

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90169 034 ***150.00

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DOCUMENT # P01000043957

1. Entity Name

EP CONSULTING GROUP, INC.



Principal Place of Business

3666 CAMERON CROSSING DRIVE
JACKSONVILLE FL 32223

Mailing Address

3666 CAMERON CROSSING DRIVE
JACKSONVILLE FL 32223

2. Principal Place of Business

1337 S. Jefferson
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 56047
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Casper, Wyo

City & State

Jacksonville, FL

4. FEI Number

59-3715590

Applied For

Not Applicable

Zip

82601

Country

National

Zip

32241-6047

Country

DUAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTER, EUGENE P
3666 CAMERON CROSSING DRIVE
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Eugene P. Porter

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

(NOTE: Registered Agent signature required when reinstating)

04/01/2003

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
PORTER, EUGENE P
3666 CAMERON CROSSING DRIVE
JACKSONVILLE FL 32223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
Casper Corporate del
Eugene Porter P
1337 S Jefferson
Casper, Wyo 82601 ☐ Delete

TITLE
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☐ Change ☐ Addition

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:

Eugene P. Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/2003

Date

Daytime Phone #

CR2E034 (10/02)