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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90170 009 ***150.00

DOCUMENT # P02000072111

1. Entity Name
HEPA ENTERPRISES, INC

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2. Principal Place of Business	3. Mailing Address
1270 Nwickham rd	1270 Nwickham rd
Suite, Apt. #, etc. #16	Suite, Apt. #, etc. #16
City & State Melb, FL	City & State Melb, FL
Zip 32935 Country Brevard	Zip 32935 Country Brevard

DO NOT WRITE IN THIS SPACE

4. FEI Number 043697295 — Applied for / Not applicable

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

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7. Name and Address of Current Registered Agent

Name: James Matecosky

Street Address (P.O. Box Number is Not Acceptable): 539 Franklyn Ave

City: Indialantic FL Zip Code: 32903

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 _____ DATE
Signature of previously named registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $350.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Matecosky 539 Franklyn Ave Indialantic, FL 32903
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR