

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90167 035 \*\*\*150.00

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**DOCUMENT # P02000075876**

1. Entity Name  
**E-POD, INCORPORATED**



Principal Place of Business  
**4823 BERRYWOOD DR.  
ORLANDO FL 32812**

Mailing Address  
**4823 BERRYWOOD DR.  
ORLANDO FL 32812**



2. Principal Place of Business  
**1027-A SLIGH Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**4823 BERRYWOOD DR.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**ORLANDO FL**  
Zip  
**32806**  
Country  
**USA**

City & State  
**ORLANDO FL**  
Zip  
**32812**  
Country  
**USA**

4. FEI Number  
**710910224**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BARTLETT, VIRGINIA S  
4823 BERRYWOOD DR.  
ORLANDO FL 32812**

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 \_\_\_\_\_ (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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>VIRGINIA BARTLETT</b>	
STREET ADDRESS <b>4823 BERRYWOOD DR.</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32812</b>	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>SUZANNE MCKENZIE</b>	
STREET ADDRESS <b>533 RIDGEWOOD DR.</b>	
CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	
TITLE <b>JAMES TREASURER</b>	<input type="checkbox"/> Delete
NAME <b>JAMES MCKENZIE</b>	
STREET ADDRESS <b>533 RIDGEWOOD DR.</b>	
CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME <b>TOM BARTLETT</b>	
STREET ADDRESS <b>4823 BERRYWOOD DR.</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32812</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Virginia S. Bartlett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 Date  
407 273 7705 Daytime Phone #

CR2E034 (10/02)