

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000070390

Entity Name: NATALIE EPPERSON, PA

FILED
Jan 23, 2007
Secretary of State

Current Principal Place of Business:

3290 31ST AVE SW
NAPLES, FL 34117

New Principal Place of Business:

260 20TH AVE NW
NAPLES, FL 34120

Current Mailing Address:

3290 31ST AVE SW
NAPLES, FL 34117

New Mailing Address:

260 20TH AVE NW
NAPLES, FL 34120

FEI Number: 20-2843051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EPPERSON, NATALIE
3290 31ST AVE SW
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

EPPERSON, NATALIE
260 20TH AVE NW
NAPLES, FL 34120 US

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: NATALIE EPPERSON

01/23/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EPPERSON, NATALIE
Address: 3290 31ST AVE SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EPPERSON, NATALIE
Address: 260 20TH AVE NW
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIE EPPERSON

D

01/23/2007

Electronic Signature of Signing Officer or Director

Date