

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90106 042 ***550.00

DOCUMENT # P94000001216

1. Entity Name
EPP ENTERPRISES, INC.

Principal Place of Business

**67 AQUA RA DR
 JENSEN BEACH FL 34957**

Mailing Address

**67 AQUA RA DR
 JENSEN BEACH FL 34957**

2. Principal Place of Business

**1600 NE Dixie Hwy
 Suite, Apt. #, etc.
 3-203**

3. Mailing Address

**1600 NE Dixie Hwy
 Suite, Apt. #, etc.
 3-203**



DO NOT WRITE IN THIS SPACE

City & State
Jensen Beach Fla

Zip
34957

Country
USA

City & State
Jensen Beach Fla

Zip
34957

Country
USA

4. FEI Number **65-0456813**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEPP, ROBERT
 67 AQUA RA DRIVE
 JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

Name **Robert W. EPP**
 Street Address (P.O. Box Number is Not Acceptable)
1600 NE Dixie Hwy 3-203
Jensen Beach
 City **FL** Zip Code **34957**

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: *Robert W. Epp*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/13/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	EPP, ROBERT W	
STREET ADDRESS	4680 SANDPEBBLE TRACE	
CITY-ST-ZIP	STUART FL 34996	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPP, Robert W	
STREET ADDRESS	1600 NE Dixie Hwy	
CITY-ST-ZIP	Jensen Beach Fla 34957	
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		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert W. Epp*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/13/02** Daytime Phone # **772-232 2707**

CR2E034 (4/02)