

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038041

1. Entity Name

EPAC DEVELOPMENT CORPORATION



FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90019 041 ***550.00

Principal Place of Business

5380 N. OCEAN DR.
SUITE 10H
RIVIERA BEACH, SINGER ISLAND FL 33404

Mailing Address

5380 N. OCEAN DR.
SUITE 10H
RIVIERA BEACH, SINGER ISLAND FL 33404

00074010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3321055

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN A. DYTRYCH
2700 PGA BLVD., STE. #203
SUITE 10H
PALM BCH GARDENS FL 33410

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

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 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PETRIDES, MILTON D
STREET ADDRESS 5380 N. OCEAN DR., #10H
CITY-ST-ZIP RIVIERA BEACH, SINGER ISLAND FL 33404

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

TITLE D ☐ Delete
NAME LYONS, CHRIS
STREET ADDRESS 5380 N. OCEAN DR., #10H
CITY-ST-ZIP RIVIERA BEACH, SINGER ISLAND FL 33404

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

TITLE D ☐ Delete
NAME PETRIDES, DESPIN
STREET ADDRESS 5380 N. OCEAN DR., #10H
CITY-ST-ZIP RIVIERA BEACH, SINGER ISLAND FL 33404

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

TITLE D ☒ Delete
NAME HUMES, J.T.
STREET ADDRESS 5380 N. OCEAN DR., #10H
CITY-ST-ZIP RIVIERA BEACH, SINGER ISLAND FL 33404

TITLE D ☒ Change ☐ Addition
NAME LYONS, J.T.
STREET ADDRESS 5380 N. OCEAN DR., #10H
CITY-ST-ZIP RIVIERA BEACH, SINGER ISLAND FL 33404

TITLE D ☐ Delete
NAME LYONS, DEBBIE
STREET ADDRESS 5380 N. OCEAN DR., #10H
CITY-ST-ZIP RIVIERA BEACH, SINGER ISLAND FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILTON P. PETRIDES 7/24/01 561 842-9209

Date

Daytime Phone #

0071636 AV

CR2E034 (5/01)