

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90148 004 ***150.00

DOCUMENT # P95000092669

1. Entity Name

EPICUS, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3599 W. Lake Mary Blvd.

Suite, Apt. #, etc.

Suite E

City & State

Lake Mary, Florida

Zip

32746-3417

Country

Seminole

3. Mailing Address

Same as Item 2

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3353696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/T/D/COB
Gerard Haryman
3599 W. Lake Mary Blvd. #E
Lake Mary, FL 32746-3417

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/S/D
Thomas Donaldson
3599 W. Lake Mary Blvd. #E
Lake Mary, FL 32746-3417

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
M/CIO
Mark Richards
3599 W. Lake Mary Blvd. #E
Lake Mary, FL 32746-3417

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Richards

4/29/2002 407-328-5002

Date

Daytime Phone #

CR2E034B (12/01)