

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90243 047 \*\*\*150.00

**DOCUMENT # P96000033591**

1. Entity Name  
**EPOCH TAMPA BAY, INC.**

Principal Place of Business  
**215 S HOWARD AVE  
TAMPA FL 33606**

Mailing Address  
**P O BOX 320764  
TAMPA FL 33679-2764**

2. Principal Place of Business  
**2009 W. DEKLE AVE  
Suite, Apt. #, etc.  
APT. #3**

3. Mailing Address  
**PO Box 320764  
Suite, Apt. #, etc.  
1**

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**

Zip  
**33606**

Country  
**USA**

Zip  
**33679**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3373405** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
**GREEN, ANTHONY J  
215 S HOWARD AVE  
TAMPA FL 33606**

7. Name and Address of New Registered Agent  
Name **ANTHONY J. GREEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**2009 W. DEKLE AVE. #3**  
City **TAMPA** FL Zip Code **33606**

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 DATE **23 APRIL 2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREEN, ANTHONY J 215 S HOWARD AVE TAMPA FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT GREEN, ANTHONY J. 2009 W. DEKLE AVE. #3 TAMPA, FL 33606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KING, SHELDON J 6 VERONIQUE GARDENS BARKINGSIDE ILFORD ESSEX IG62AR U.K.</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, in all other like empowered.

SIGNATURE: **23 APRIL 2002** **813 258-3343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)