

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address  
PO Box 320764

Suite, Apt. #, etc.

APT. #3

City & State

TAMPA FL

Zip

33606

Country

USA

City & State  
TAMPA FL

Zip  
33679

Country  
USA

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

23 APRIL 2002

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 \$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

CR2E034 (9/01)

TITLE D  Delete  
NAME GREEN, ANTHONY J  
STREET ADDRESS 215 S HOWARD AVE  
CITY-ST-ZIP TAMPA FL 33606

TITLE PRESIDENT  Change  Addition  
NAME GREEN, ANTHONY J.  
STREET ADDRESS 2009 W. DEKLE AVE. #3  
CITY-ST-ZIP TAMPA, FL 33606

TITLE D  Delete  
NAME KING, SHELDON J  
STREET ADDRESS 6 VERONIQUE GARDENS BARKINGSIDE  
CITY-ST-ZIP ILFORD ESSEX 1G62AR U.K.

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

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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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 other than all other like empowered.

SIGNATURE: ANTHONY J. GREEN

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 APRIL 2002 813 258-3343

Date

Daytime Phone #