

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90085 012 ***150.00

DOCUMENT # P96000033591

1. Entity Name
EPOCH TAMPA BAY, INC.



Principal Place of Business
**2009 W DEKLE AVE APT 3
TAMPA FL 33606**

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

2. Principal Place of Business
2511 CARMEN ST.

3. Mailing Address

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

Zip
33609 Country
USA

Zip Country

4. FEI Number
59-3373405

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GREEN, ANTHONY J
2009 W DEKLE AVE 3
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name
ANTHONY GREEN
Street Address (P.O. Box Number is Not Acceptable)
2009 W DEKLE AVE.
SUITE 4
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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GREEN, ANTHONY J
2009 W DEKLE AVE 3
TAMPA FL 33606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ANTHONY GREEN
2009 W. DEKLE AVE. #4
TAMPA, FL 33606** ☒ Change ☐ Addition

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

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

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 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

4-20-03 **813 258-3343**
Date Daytime Phone #

CR2E034 (10/02)