

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90151 041 ***150.00

DOCUMENT # P97000067616

1. Entity Name

SEPIO, INC.

Principal Place of Business

Mailing Address

UNIVERSITY OF FLORIDA
 J WAYNE REITZ UNION C2
 GAINESVILLE FL 32611
 US

UNIVERSITY OF FLORIDA
 J.WAYNE REITZ UNION #C-2
 GAINESVILLE FL 32611



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

59-3468025

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

KIRSCHNER MAIN GRAHAM TANNER & DEMONT PA
ONE INDEPENDENT DR STE 2000
JACKSONVILLE FL 32202

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 \$150.00
After MAY 1, 2000 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: PDS Delete
 NAME: MURPHY, EDWARD J JR
 STREET ADDRESS: UNIVERISTY OF FLA, J WAYNE REITZ UNION #C2
 CITY-ST-ZIP: GAINESVILLE FL 32611

TITLE: DIRECTOR Change Addition
 NAME: BRUCE A SMATHERS
 STREET ADDRESS: 1050 RIVERSIDE AVE
 CITY-ST-ZIP: JAX FL 32204

TITLE: PVDT Delete
 NAME: MURPHY, DANIEL R JR
 STREET ADDRESS: 4426 PALMETTO INLET WEST
 CITY-ST-ZIP: JACKSONVILLE FL 32277

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

TITLE: Delete
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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL R MURPHY JR.

Date

2/17/00

Daytime Phone #

904 745 6281

CR2E034 (9/99)