2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

0537333 AV

DOCUMENT # P97000084951

1. Entity Name
EPIC COMPONENTS, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
5760 SHIRLY ST	5760 SHIRLY ST
14	14
NAPLES FL 34109	NAPLES FL 34109

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3477572   Applied For / Not Applicable

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
JOHNSON, F. EDWARD	Name
821 5TH AVE., S., STE. 201	Street Address (P.O. Box Number is Not Acceptable)
NAPLES FL 34102	
	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. 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

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

CR2E034 (10/02)

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DVP NAME LEVANGIE, THOMAS F STREET ADDRESS 6283 SHADOWOOD CIR. CITY-ST-ZIP NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE DT NAME EMERSON, MICHAEL E STREET ADDRESS 161 BRAMPTON LANE CITY-ST-ZIP NAPLES FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE DP NAME MURPHY, MICHAEL STREET ADDRESS 3125 LACOSTA CIR #303 CITY-ST-ZIP NAPLES FL 34105	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: *Michael Emerson* MICHAEL EMERSON 1/18/03 239-593-9119

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