

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
May 19, 2000 8:00 am
Secretary of State

01-27-2000 90029 007 ***150.00

DOCUMENT # P98000046807

1. Entity Name
EPI-TIMACUAN, INC.

Principal Place of Business Mailing Address
359 CAROLINA AVE. **359 CAROLINA AVE.**
WINTER PARK FL 32789 **WINTER PARK FL 32789-3173**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3548617** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
PUGH, JAMES H JR.
359 CAROLINA AVE.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name **Grant T. Downing**
 Street Address (P.O. Box Number is Not Acceptable) **Godbold, Downing, Sheahan & Bill, PA**
222 West Comstock Ave, S# 101
 City **Winter Park** **FL** Zip Code **32789**

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 *Grant T. Downing* **GRANT T. DOWNING** **2/28/00**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) 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 NAME STREET ADDRESS CITY-ST-ZIP	D PUGH, JAMES H JR. 359 CAROLINA AVE. WINTER PARK FL 32789 <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	D GAIL JALOSY 359 CAROLINA AVE WINTER PARK, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, 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]* **SIGNATURE REQUIRED** **1/12/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #