

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095382

1. Entity Name

EPIPHANY GROUP, INC.

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

05-19-2000 90054 010 \*\*\*150.00

Principal Place of Business

815 SE 6TH CT  
FORT LAUDERDALE FL 33301

Mailing Address

815 SE 6TH CT  
FORT LAUDERDALE FL 33301-3115

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0877125**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SE ← **DECKER, BRENDA R**  
**815 SW 6TH COURT**  
**FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **Brenda R Decker**  
Street Address (P.O. Box Number is Not Acceptable)  
**815 SE 6th Ct.**  
City **Ft. Lauderdale** **FL** Zip Code **33301**

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

TITLE **P**  
NAME **DECKER, BRENDA R**  
STREET ADDRESS **815 SW 6TH COURT**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301** **(wrong Address) See right**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. **Resident** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President**  
NAME **Decker, Brenda R**  
STREET ADDRESS **815 SE 6th Ct.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33301** ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

**4/28/00** **954-524-7778**