

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90041 042 ***163.75

DOCUMENT # P99000075983

1. Entity Name
EPIM CONSULTING, INC.

Principal Place of Business
500 N. MAITLAND AVE., STE. 308
MAITLAND FL 32751

Mailing Address
500 N. MAITLAND AVE., STE. 308
MAITLAND FL 32751

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 **59-3595364**

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

GUIDA, FRANK J CPA
500 N. MAITLAND AVE., STE. 308
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

500 N Maitland Ave, Suite 215

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, 2002 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 **PDT**
 STREET ADDRESS **FRENCH, A.E.L.**
 CITY-ST-ZIP **1711 MAPLE LEAF DR. WINDERMERE FL 34786**

TITLE
 NAME
 STREET ADDRESS **448 Lake Bridge Lane # A11**
 CITY-ST-ZIP **Apopka, FL 32703**

TITLE
 NAME **D**
 STREET ADDRESS **GUIDA, FRANK**
 CITY-ST-ZIP **P.O. BOX 941708 MAITLAND FL 32794-1708**

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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)(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

1-15-02

Date

407-814-1694

Daytime Phone #

CR2E034 (9/01)