

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076855

1. Entity Name

EPROJECT.NET, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90325 021 ***150.00

Principal Place of Business

Mailing Address

4436 HOLLYGATE CT.
JACKSONVILLE FL 32258

4436 HOLLYGATE CT.
JACKSONVILLE FL 32258-1334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

VENTERS, DAVID G
4436 HOLLYGATE CT.
JACKSONVILLE FL 32258

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
VENTERS, DAVID G
4436 HOLLYGATE CT.
JACKSONVILLE FL 32258

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUNN, WAYNE A
3730 HARBOR ACRES LANE
JACKSONVILLE FL 32257

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRINNAN, J. ALLAN JR.
5711 RICHARD ST., STE. 1A-2
JACKSONVILLE FL 32216

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
KREINEST, DAVID E
801 LIGHTWOOD CT.
ORANGE PARK FL 32065

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David E Kreinest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/06

904-350-7207

CR2E034 (9/99)