## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P99000098798 1. Entity Name EPI XVI, INC. 04-17-2001 90037 003 \*\*\*150.00 Principal Place of Business Mailing Address 250 INTERNATIONAL PARKWAY #150 250 INTERNATIONAL PARKWAY #150 HEATHROW FL 32746 HEATHROW FL 32746 A0050049 3. Mailing Address 2. Principal Place of Business 300 International Pky. 300 International Pky. Suite, Apt. #, etc. Suite 130 DO NOT WRITE IN THIS SPACE Suite Apt # etc Applied For City & State City & State 4. FEI Number 59-3609933 Not Applicable Heathrow, FL Heathrow, FL Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 32746 32746 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **C**. Thomas Selby C. THOMAS SELBY Street Address (P.O. Box Number is Not Acceptable) 300 International Parkway 250 INTERNATIONAL PARKWAY #150 **HEATHROW FL 32746** Suite 130 <sup>zin Code</sup>46 Heathrow 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLÉ Ď C. Thomas Selby NAME NAME C. THOMAS SELBY 300 International Pky., Ste. 130 STREET ADDRESS STREET ADDRESS 250 INTERNATIONAL PARKWAY #150 Heathrow, FL CITY-ST-ZIP 32746 CITY-ST-ZIP HEATHROW FL 32746 Change ☐ Addition ☐ Delete TITLE TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLĖ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST-ZIP Change ☐ Addition TITLÉ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or signature that 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 employered 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 4-1-01

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NA

AME OF SIGNING OFFICER OR DIRECTOR