

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90037 004 ***150.00

DOCUMENT # P99000098815

1. Entity Name
EPI XVII, INC.

Principal Place of Business

**250 INTERNATIONAL PARKWAY #150
 HEATHROW FL 32746**

Mailing Address

**250 INTERNATIONAL PARKWAY #150
 HEATHROW FL 32746**

A0050048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 International Pky.

Suite, Apt. #, etc.

Suite 130

City & State

Heathrow, FL 32746

Zip

Country

32746

USA

3. Mailing Address

300 International Pky.

Suite, Apt. #, etc.

Suite 130

City & State

Heathrow, FL 32746

Zip

Country

32746

USA

4. FEI Number **59-3609927**

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

**C. THOMAS SELBY
 250 INTERNATIONAL PARKWAY #150
 HEATHROW FL 32746**

Name

C. Thomas Selby

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

300 International Pky., Suite 130

City

Heathrow

FL

Zip Code
32746

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, 2001 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 **D** ☐ Delete
 NAME **C. THOMAS SELBY**
 STREET ADDRESS **250 INTERNATIONAL PARKWAY #150**
 CITY-ST-ZIP **HEATHROW FL 32746**

TITLE ☒ Change ☐ Addition
 NAME **C. Thomas Selby**
 STREET ADDRESS **300 International Pky., Ste. 130**
 CITY-ST-ZIP **Heathrow, FL 32746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-01

407/333-1604

CR2E034 (10/00)