## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 06, 2001 8:00 am Secretary of State **DOCUMENT # \$58906** 1. Entity Name EPTECH INC. 04-06-2001 90063 028 \*\*\*150.00 Principal Place of Business Mailing Address 749 US HWY ONE 749 US HWY ONE SUITE I N PALM BEACH FL 33408 N PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For 65-0275778 Jupiter. Not Applicable P.O. Box 14175 \$8.75 Additional 5. Certificate of Status Desired 6.= Name and Address of Current Registered Beach, FI 7. Name and Address of New Registered Agent. SVERDAHL, R K 749 US HWY ONE, SUITE | Triatomic Industries, Inc. SURTE-100 P.O. Box 14175 1615 Cypness Dr. N-PALM BEACH-FL-33408 N. Palm Beach, Fl. 33408 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. 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition Delete TITLE TITLE SVERDAHL, R K NAME NAME 749 US HWY ONE, SUITE I STREET ADDRESS STREET ADDRESS N PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-7IP ☐ Addition 📈 Delete TITLE TITLE BANCROFT, MIKE NAME NAME 749 U.S. HIGHWAY ONE, SUITE 1 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE - Change ☐ Addition - -- Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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 eath; 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

4/4/01 511-748-48L4

Date Daytime Phone #