2000 UNIFORM BUSINESS REPORT (UBR)

3/6/00-90116-018-\$150.00-\$150.00

DOCUMENT # V07809 FILLEU 1. Entity Name JEURETARY OF STATE EPOCH MANAGEMENT, INC. MY ISION OF CORPORATIONS 00 MAR 30 AM 9: 27 Principal Place of Business Mailing Address 359 CAROLINA AVE. 359 CAROLINA AVE. WINTER PARK FL 32789-3173 WINTER PARK FL 32789 US us 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Grant T. Downing PUGH. JR., JAMES H Street Address (P.O. Box Number is Not Acceptable)
- Godbold, Downing-Sheahan-&-Bill, P-359 CAROLINA AVE-WINTER PARK FL 32789 222 West Comstock Ave. Suite 101 Zip3C20489 CilWinter Park, 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. Part Downing VICE SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intengible \$5.00 May Be 10. Flection Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. (66/6) **Addition** DIrector TITLE ☐ Delete TITLE NAME GODBOLD, GENE H. NAME 359 CarolingAve. STREET ADORESS 222 WEST COMSTOCK AVENUE, SUITE 101 STREET ADDRESS Winter Park, FL 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE TITLE ☐ Celete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY - ST-ZIP ☐ Addition Change Change THUE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. It 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 besecute 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 actions, with all other like empowered.

SIGNATURE:

TO DESCRIPTION OF THE OF SOME OF THE OF THE

2-22-200

Daytime Phone #