

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90200 046 ***150.00

0819444 AT

DOCUMENT # F00000004756

1. Entity Name
KAUP, INC.

Principal Place of Business

Mailing Address

~~123 LEROY~~
~~POTSDAM NY 13676~~

~~123 LEROY~~
~~POTSDAM NY 13676~~

2. Principal Place of Business

3. Mailing Address

903 Oak Forest Dr.

903 Oak Forest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Springs, FL

Winter Springs, FL

Zip

Country

Zip

Country

32708

USA

32708

USA

4. FEI Number

16-1234639

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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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, 2002 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 NAME ☐ Delete
PCD KAUP, DAVID J
~~STREET ADDRESS 123 LEROY~~
~~CITY-ST-ZIP POTSDAM NY~~

TITLE NAME ☒ Change ☐ Addition
903 Oak Forest Dr.
Winter Springs, FL 32708

TITLE NAME ☐ Delete
S HOTCHKISS, SHARON
~~STREET ADDRESS 123 LEROY~~
~~CITY-ST-ZIP POTSDAM NY~~

TITLE NAME ☒ Change ☐ Addition
903 Oak Forest Dr.
Winter Springs, FL 32708

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/1/02

Date

4076951786

Daytime Phone #

CR2E034 (9/01)