

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G77038
1. Entity Name
ROBERT E. KUOPPALA, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5319 LAKE WORTH ROAD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State LAKE WORTH, FL	City & State
Zip 33463-3353	Country

4. FEI Number 59-2355934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name GERSON, GARY N	
Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD. STE 1200	
City WEST PALM BEACH	FL Zip Code 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KUOPPALA, ROBERT E 5319 LAKE WORTH ROAD LAKE WORTH, FL 33463
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11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UCR00420617 2/15/06-80053-017 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert E. Kuoppala* ROBERT E. KUOPPALA **1/23/2006** **(561) 439-6424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #