

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ATX1

09 APR 12 PM 3:03

<b>DOCUMENT #</b> G77038
<b>1. Entity Name</b> ROBERT E. KUOPPALA, P.A.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 5319 LAKE WORTH ROAD Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> LAKE WORTH, FL	<b>City &amp; State</b>	<b>4. FEI Number</b> 59-2355934	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33463-3353	<b>Country</b>	<b>Zip</b>	<b>Country</b>
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b>	ROBERT KUOPPALA
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	5319 LAKE WORTH ROAD
<b>City</b>	LAKE WORTH, FL
<b>Zip Code</b>	33463

**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** *Robert Kuoppala* - ROBERT KUOPPALA - PRESIDENT 3/12/09  
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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11.**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PTD KUOPPALA, ROBERT E. 5319 LAKE WORTH ROAD LAKE WORTH, FL 33463	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	300143742109 02/17/09--01005--009 **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(1), 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 Kuoppala* ROBERT E. KUOPPALA 2/3/09 (561) 439-6424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #