

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J 03017

1. Entity Name

GU PPIES, INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90006 048 ***150.00

A0063953

DO NOT WRITE IN THIS SPACE

Principal Place of Business
45 S. FEDERAL HIGHWAY
BOCA RATON, FL 33432

Mailing Address
45 SOUTH FEDERAL HIGHWAY
BOCA RATON, FL 33432

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5059 N.E. 18th AVENUE
Suite, Apt. #, etc.

City & State
Zip Country
33334 BROWARD

City & State
FT. LAUDERDALE, FL
Zip Country
33334 BROWARD

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLANIGAN, PAUL B.
45 S. FEDERAL HIGHWAY
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FLANIGAN, JAMIE ANN	
STREET ADDRESS	1309 ARROWMINK ROAD	
CITY-ST-ZIP	VILLANOVA, PA 19085	
TITLE	DKRKE	<input type="checkbox"/> Delete
NAME	FLANIGAN, VIRGINIA J.	
STREET ADDRESS	1309 ARROWMINK ROAD	
CITY-ST-ZIP	VILLANOVA-PA-19085	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLANIGAN, JAMES B	
STREET ADDRESS	1309 ARROWMINK ROAD	
CITY-ST-ZIP	VILLANOVA, PA 19085	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. FLANIGAN

4/20/01

Date

(954) 377-1961

Daytime Phone #

CR2E034 (11/00)