FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am **Secretary of State**

03-01-1999 90247 015 ***150.00

DOCUMENT # **K42250** 1. Corporation Name

SUNDIN. GLENN T.

335 S. PLUMOSA AVE. #A MERRITT ISLAND FL 32952

| UPUS BUARDS, INC. | |
|---|--|
| Principal Place of Business | Mailing Address |
| 180 PINELLAS LANE #101 COCOA BEACH FL 32931 US | 180 PINELLAS LANE #101 COCOA BEACH FL 32931 US |
| 2. Principal Place of Business 21 22 1 S H4 1anhc Aul Suite, Apt. #, etc. | 2a. Mailing Address 26.2210 S. AHC Suite, Apt. #, etc. |

9. Name and Address of Current Registered Agent

Hantic Avenue

City & State

29

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

10/31/1988 4. FEI Number Applied For Not Applicable 65-0087371

\$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing **\$5.00** May Be

Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax.

10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.

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|----------------|---|---------------------------------|-------------------------------|--|----------|------------|--|
| SIGNATURE | | the department of the territory | togistared Apent supporture o | acuired when reinstating) DATE | | | |
| | Signature, typed or printed name or registered agent and their applicable (IVO)E. Registered Agent agent and their applicable | | | | | | |
| 12. | PD OFFICERS AND DI | DELETE | 1.1 TITLE | PRESIDENT | Change | Addition | |
| NAME | BAUGHER, ROBERT A. | | 1 2 NAME | ROBERT RAUGHER | | | |
| STREET ADDRESS | COE N. ODLANDO ANT | | 1.3 STREET ADDRESS | ROBERT BAUGHER 2210 S. AHANTIC AVENUE | | | |
| CITY-ST-ZIP | COCOA BEACH FL | | 1.4 CITY-ST-ZIP | COCOG BEOCH FL 32931 | | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | VP | Change | ☐ Addition | |
| NAME | BAUGHER, LAURA | | 2.2 NAME | Laura Baugher 2210 S. AHLATTI AVENUE | | | |
| STREET ADDRESS | 180 PINELLAS LANE #101 | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | COCOA BEACH FL 32931 | | 2. 4 CITY-ST-ZIP | Cocoa Beach, Fr 32931- | | | |
| TITLE | ST | ☐ DELETE | 3.1 TITLE | ST | □ Change | ☐ Addition | |
| NAME | KNIGHT, DEBORAH | | 3.2 NAME | Osborah Knidt | | | |
| STREET ADDRESS | 180 PINELLAS LANE #101 | | 3.3 STREET ADDRESS | Osborah Knight 2210 s. Amanto Ovenus | | | |
| CITY-ST-ZIP | COCOA BEACH FL 32931 | | 3.4. CITY-ST-ZIP | Coac Beach, FL 32931 | | | |
| TITLE | | DELETE | 4.1 TITLE | • | ☐ Change | ☐ Addition | |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | _ | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change | ☐ Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| a.n., an ma | | | 64 CITY-ST-ZIP | | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR

Zip Code

85