

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90116 025 ***150.00

DOCUMENT # K44422

1. Entity Name
TUPIN AND US CORPORATION



Principal Place of Business
2601 S WOODLAND BLVD
2823 TAMARACK TR
ORLANDO FL 32722
US

Mailing Address
% RICHARD EDWARD WALL
2823 TAMARACK TR
APOPKA FL 32703



2. Principal Place of Business

3. Mailing Address

90 SUSAN WALL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2823 TAMARACK TR

City & State

APOPKA FL

4. FEI Number 59-2916444

Applied For

Not Applicable

Zip

Country

Zip

32703

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALL, RICHARD EDWARD
2823 TAMARACK TR
APOPKA FL 32703

Name

SUSAN M. WALL

Street Address (P.O. Box Number is Not Acceptable)

2823 TAMARACK TR

City

APOPKA

FL

Zip Code

32703

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, RICHARD EDWARD 2823 TAMARACK TR APOPKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WALL, SUSAN M 2823 TAMARACK TR APOPKA, FL 32703-4937237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan M. Wall 3-17-03

Date

Daytime Phone

407-999-9790

CR2E034 (10/02)