

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

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # L03471

1. Corporation Name

UPA, INC.

Principal Place of Business

1101 CORNWALL RD.
SANFORD, FL 32773

Mailing Address

1101 CORNWALL RD.
SANFORD, FL 32773

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILLIAM T. CORP
1101 CORNWALL RD.
SANFORD, FL 32773

81 Name

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

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/21/1989

4. FEI Number

59-2961977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

200002766132-3
02/05/99-01082-017
****150.00 FL ****150.00

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
CORP, WILLIAM T. SR.
STREET ADDRESS
1525 WHITSTABLE CT.
CITY-ST-ZIP
HEATHROW, FL

TITLE ☐ DELETE

NAME
ST
CORP, SHIRLEY F.
STREET ADDRESS
1525 WHITSTABLE CT.
CITY-ST-ZIP
HEATHROW, FL

TITLE ☐ DELETE

NAME
VP
CORP, DOUGLAS M.
STREET ADDRESS
1169 BRAMPTON PLACE
CITY-ST-ZIP
HEATHROW, FL

TITLE ☐ DELETE

NAME
VP
CORP, WILLIAM T. JR.
STREET ADDRESS
4888 RED BRICK RUN
CITY-ST-ZIP
SANFORD, FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William T. Corp Sr.

1/25/99 323-0250

CR2E034 (11/98)