

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000436

1. Entity Name

CUPIC, INC.

Principal Place of Business

Mailing Address

440 NORTH MONROE STREET  
TALLAHASSEE FL 32301

440 NORTH MONROE STREET  
TALLAHASSEE FL 32301-1258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3264948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, F P  
306 EAST COLLEGE AVE.  
TALLAHASSEE FL 32301

Name SAME

Street Address (P.O. Box Number is Not Acceptable)  
2010 DELTA BLVD

Tallahassee

FL

Zip Code  
32303

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME CLARK, DAN  
STREET ADDRESS 580 S. APPELYARD DR.  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME STRICKLAND, SAMATHA  
STREET ADDRESS P.O. BOX 6416, N/A  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WOODLIFE, DEB  
STREET ADDRESS 2916 APALACHEE PARKWAY  
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 1447 MAHAN DR  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete  
NAME HAMMOCK, AL  
STREET ADDRESS 440 N. MONROE ST.  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BAGGETT, BRIAN  
STREET ADDRESS 1400 E. PARK AVE.  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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:

*Brian Baggett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

Date

850-414-7930

Daytime Phone #

CR2E037 (9/99)