

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000000 436**

1. Entity Name

CUPIC, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90050 021 ****70.00

Principal Place of Business

Mailing Address

440 North Monroe Street
Tallahassee, FL 32301

770380

2. Principal Place of Business

440 N. Monroe St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State

4. FEI Number

59-3264948

Applied For

Not Applicable

Zip
32301

Country
USA

Zip

Country

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.
2010 Delta Blvd.
Tallahassee, FL 32303

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Dan Clark
580 S. Appleyard Drive
Tallahassee, FL 32304

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Al Hammock
440 North Monroe St.
Tallahassee, FL 32301

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Samantha Strickland
P.O. Box 6416
Tallahassee, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Brian Baggett
1400 East Park Ave.
Tallahassee, FL 32301

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Deb Woodlife
1447 Mahan Drive
Tallahassee, FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Lyndell Maxwell
1449 Miccosukee Road
Tallahassee, FL 32309

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

CR2E037 (11/00)

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 P. Baggett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2001 850-40-5001

Date

Daytime Phone #