

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
 02-27-2002 90016 008 ****61.25

DOCUMENT # N98000000436

1. Entity Name
CUPIC, INC.

Principal Place of Business
**440 NORTH MONROE STREET
 TALLAHASSEE FL 32301**

Mailing Address
**440 NORTH MONROE STREET
 TALLAHASSEE FL 32301**

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**

DO NOT WRITE IN THIS SPACE

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 ☐ Delete
 NAME **D HAMMOCK, AL**
 STREET ADDRESS **440 NORTH MONROE STREET**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☒ Addition
 NAME **DAN CLARK**
 STREET ADDRESS **580 APPEYARD DR**
 CITY-ST-ZIP **TALL, FL**

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

TITLE ☐ Change ☒ Addition
 NAME **SAMANTHA STRICKLAND**
 STREET ADDRESS **2330 MAHAN DR**
 CITY-ST-ZIP **TALL, FL 32308**

TITLE ☐ Delete
 NAME **D MAXWELL, LYNDLE**
 STREET ADDRESS **1449 MICCOSUKEE ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☐ Change ☒ Addition
 NAME **DEB WOODLIEF**
 STREET ADDRESS **1447 MAHAN DR**
 CITY-ST-ZIP **TALL, FL 32308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D MICHELE CLARKE**
 STREET ADDRESS **1400 EAST PARK AVE**
 CITY-ST-ZIP **TALL, FL 32301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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**

2-1802 850-410-5001

CR2E037 (9/01)