

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062814

1. Entity Name
LUPA, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90038 036 ***150.00

Principal Place of Business

Mailing Address

1343 LUKE ASHER CR.
APOPKA FL 327031343 LUKE ASHER CR.
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

1343 LAKE ASHER CIR.

1343 LAKE ASHER CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APOPKA, FL.

APOPKA, FL.

APOPKA, FL.

City & State

City & State

Zip

Zip

Country

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDY PAUL
1343 LUKE ASHER CR.
APOPKA FL 32703

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

Paul Hardy

2-22-01

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VICE PRESIDENT	PAUL HARDY	1343 LUKE ASHER CIR.	APOPKA, FL. 32703	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Hardy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-01

Date

(407) 682-3601

Daytime Phone

CR2E034 (10/00)