

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90148 045 ***150.00

0397131 AV

DOCUMENT # P00000071614

1. Entity Name
JUPPI, INC.

Principal Place of Business
18710 SE RIVER RIDGE RD
TEQUESTA FL 33469-8106

Mailing Address
PO BOX 3852
TEQUESTA FL 33469



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

NOT APPLICABLE

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

JAMES, GEORGE R ESQ
4230 S. MACDILL AVE STE K
TAMPA FL 33611

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. 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	D	<input type="checkbox"/> Delete
NAME	JAMES, JACK	
STREET ADDRESS	P.O. BOX 3852	
CITY-ST-ZIP	TEQUESTA FL 33469-1013	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAN, ALEX	
STREET ADDRESS	KUNDSHOLMSSTRADE 199	
CITY-ST-ZIP	STOCKHOLM S-1248 SWEDEN	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGMAN, TORBEN	
STREET ADDRESS	HANTERKARGATAN 57	
CITY-ST-ZIP	STOCKHOLM S-1281 SWEDEN	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALLBERG, CHRISTIAN	
STREET ADDRESS	BERGSTIKEN 25	
CITY-ST-ZIP	STOCKHOLM S-18278 SWEDEN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JACK JAMES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)