

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90344 010 ***158.75

DOCUMENT # P00000073817

1. Entity Name
CU PRODUCTS, INC.



Principal Place of Business
**8601 4 TH STREET NORTH
SUITE 304A
SAINT PETERSBURG, FL 33702**

Mailing Address
**8601 4 TH STREET NORTH
SUITE 304A
SAINT PETERSBURG, FL 33702**

50038641



04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

402 S. Armenia Ave
(Suite/Apt. #, etc.)
133

3. Mailing Address

402 S. Armenia Ave
(Suite/Apt. #, etc.)
133

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3663332

Applied For
Not Applicable

Zip
33609

Country
USA

Zip
33609

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TUCCARONE, CHRISTOPHER M
4515 WEST LEONA ST
TAMPA, FL 33629**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christopher M. Tucciarone

4-15-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TUCCARONE, CHRISTOPHER M**
STREET ADDRESS **4515 WEST LEONA ST**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Christopher M. Tucciarone**
STREET ADDRESS **402 S. Armenia Ave, Suite 133**
CITY-ST-ZIP **TAMPA, FL 33609**

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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:

Christopher M. Tucciarone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05 813477-7480

Date

Daytime Phone #