

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90120 020 \*\*\*158.75

**DOCUMENT # P00000073817**

1. Entity Name  
**CU PRODUCTS, INC.**



Principal Place of Business  
**8601 4 TH STREET NORTH  
SUITE 200  
SAINT PETERSBURG FL 33702**

Mailing Address  
**8601 4 TH STREET NORTH  
SUITE 200  
SAINT PETERSBURG FL 33702**



2. Principal Place of Business  
**8601 4th Street North**  
Suite, Apt. #, etc.  
**304 A**

3. Mailing Address  
**8601 4th Street North**  
Suite, Apt. #, etc.  
**304 A**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Saint Petersburg FL**  
Zip  
**33702**  
Country  
**USA**

City & State  
**Saint Petersburg FL**  
Zip  
**33702**  
Country  
**USA**

4. FEI Number **59-3663332**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**TUCCARONE, CHRISTOPHER M  
321 26TH AVE N  
ST PETERSBURG FL 33704**

## 7. Name and Address of New Registered Agent

Name  
**Christopher M. Tucciarone**  
Street Address (P.O. Box Number is Not Acceptable)

**4515 West Leona Street**

City **TAMPA** FL Zip Code **33629**

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

(NOTE: Registered Agent signature required when reinstating)

**1/28/03**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TUCCARONE, CHRISTOPHER M</b>
STREET ADDRESS	<b>321 26TH AVE N</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33704</b>
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"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Christopher M Tucciarone</b>
STREET ADDRESS	<b>4515 West Leona St.</b>
CITY-ST-ZIP	<b>Tampa, FL 33629</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

**1/28/03**  
Date

**727 576 7667**  
Daytime Phone #

CR2E034 (10/02)