

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092968

1. Entity Name

SCOTT H. CUPP, P.A.

Principal Place of Business

P.O. BOX 877
ALVA FL 33990

Mailing Address

P.O. BOX 877
ALVA FL 33920

2. Principal Place of Business

663 WEST COWBOY WAY

3. Mailing Address

P.O. DRAWER 2250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LABELLE, FL

City & State

LABELLE, FL

4. FEI Number

65-1043806

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name SCOTT H. CUPP

Street Address (P.O. Box Number is Not Acceptable)

663 WEST COWBOY WAY

City LABELLE

FL

Zip Code

33935

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

PRESIDENT

4/4/01

(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, 2001 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

TITLE D
NAME CUPP, SCOTT H
STREET ADDRESS P.O. BOX 877
CITY-ST-ZIP ALVA FL 33920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CUPP, SCOTT H.
STREET ADDRESS 663 WEST COWBOY WAY
CITY-ST-ZIP LABELLE, FL 33935 ☐ Change ☐ Addition

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

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

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

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

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

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: SCOTT H. CUPP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

4/23/01

Date

863-675-2889

Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90045 020 ***150.00

646223



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)