2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000014616 **DOCUMENT #**

1. Entity Name

WILLIAM UPTON INVESTMENTS, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90173 014 ***150.00

	,	,					
Principal Place of Business 4170 W. SANDY BLUFF DR. GULF BREEZE FL 32563 2. Principal Place of Business SAME AS ABOVE Suite, Apt. #, etc. Mailing Address 4170 W. SANDY BLUFF DR. GULF BREEZE FL 32563 3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
				E			
City & Sta	ate	City & State			4. FEI Number 90 - 000 371	Applied F	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New R	egistered Agent	
UPTON -UPTONN, WILLIAM D 4170 W. SANDY BLUFF DR. GULF BREEZE FL 32563				Street Address (P.O. Box Number is Not Acceptable)			
•				City FL Zip Code			
	ations of registered agent.	appen 1	OILLIAM Z	D. UPTO.	stered agent, or both, in the State of Flo 233- uired when reinstating)		cept
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 \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP	DP UPTON, WILLIAM D 4170 W. SANDY BLUFF DR. GULF BREEZE FL 32563	□ Dele	NAME	T ADDRESS ST-ZIP		☐ Change ☐ Ad	Addition
	1 m	_		- 1			

TITLE ☐ Delete TITLE ☐ Change Addition UPTON, DYANNE L NAME NAME STREET ADDRESS 4170 W. SANDY BLUFF DR. STREET ADDRESS CITY-ST-ZIP GULF BREEZE-FL-32563 CITY-ST-ZIP产 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete . TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. MM D. UPTON

SIGNATURE: