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Jun 18, 2002 8:00 am
Secretary of State
05-21-2002 91234 003 ***150.00

2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092558

1. Entity Name
CARL LIPUMA, INC.

35841

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9341 NW 44 PLACE	9341 NW 44 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS , FLA	City & State: CORAL SPRINGS , FLA
Zip: 33065 Country:	Zip: 33065 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0555673 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Carl LiPuma
Street Address (P.O. Box Number is Not Acceptable): 9341 NW 44TH PLACE
City: Coral Springs FL Zip Code: 33065

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIPUMA, CARL
STREET ADDRESS	9341 NW 44 PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carl L. LiPuma Pres. CARL LIPUMA PRES. 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1