

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90186 046 \*\*\*150.00

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**DOCUMENT # P96000041667**

1. Entity Name  
**CHECKUP, INC.**



Principal Place of Business  
**25 HICKORY HILL RD.  
TEQUESTA FL 33469  
US**

Mailing Address  
**25 HICKORY HILL RD.  
TEQUESTA FL 33469  
US**



2. Principal Place of Business  
**150 BELLA VISTA CT. N.**

3. Mailing Address  
**PO BOX 4355**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**JUPITER FL**

City & State  
**TEQUESTA, FL**

4. FEI Number **65-0667106**

Applied For  
Not Applicable

Zip **33477**

Country

Zip **33469**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUSA, PAUL E  
25 HICKORY HILL RD.  
TEQUESTA FL 33469**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**150 BELLA VISTA CT. N.  
City JUPITER FL Zip Code 33477**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/6/07**

**FILE NOW!!! FEE \$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

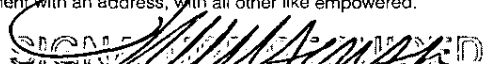
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SOUSA, PAUL E 25 HICKORY HILL RD. TEQUESTA FL 33469</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SOUSA, MARION C 25 HICKORY HILL RD. TEQUESTA FL 33469</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/03** **561-747-6684**  
Date Daytime Phone #

CF2E034 (10/02)