

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90070 009 ***150.00

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DOCUMENT # P96000072416

1. Entity Name
TRUP INC.

Principal Place of Business
106 SAINT GEORGE STREET
SAINT AUGUSTINE FL 32084
US

Mailing Address
106 SAINT GEORGE STREET
SAINT AUGUSTINE FL 32084
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

106 SAINT GEORGE ST.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE D

City & State

City & State

SAINT AUGUSTINE, FL

Zip

Country

Zip

Country

32084

USA

4. FEI Number **59-3406950**

Applied For
 Not Applicable

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

AMIN, TRUPTI S
106 ST GEORGE ST
ST AUGUSTINE FL 32084

Name

AMIN, TRUPTI S

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

STE'D

106 SAINT GEORGE ST.

City

SAINT AUGUSTINE

FL

Zip Code

32084

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMIN, TRUPTI S 106 ST GEORGE ST ST AUGUSTINE FL 32084	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Y. Amin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/02

904-829-2409

Date

Daytime Phone #

CR2E034 (9/01)