

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104894

1. Entity Name
TUPPENY ENTERPRISES, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90146 048 ***150.00

Principal Place of Business
2632 WESTMINSTER TERRACE
OVIEDO FL 32765

Mailing Address
2632 WESTMINSTER TERRACE
OVIEDO FL 32765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
447 AVON AVENUE
Suite, Apt. #, etc.
SUITE B 1/2 C

3. Mailing Address
2632 WESTMINSTER TER.

City & State
OVIEDO, FLORIDA

City & State
OVIEDO FLORIDA

4. FEI Number 59-3480818

Applied For
 Not Applicable

Zip 32765 Country SEVINDLE

Zip 32765 Country SEVINDLE

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

TUPPENY, PETER J
2632 WESTMINSTER TERRACE
OVIEDO FL 32765

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]* 7/24/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	TUPPENY, PETER J	
STREET ADDRESS	2632 WESTMINSTER TERRACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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 members empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)



P9700104894 ATTACHMENT

A0069953

FURNITURE MEDIC®

"the prescription for damaged furniture"®

Furniture Medic
2632 Westminster Terrace
Oviedo, FL 32765
(407) 644-5570
(407) 876-2077
Fax: (407) 366-0708
*An independent business licensed to
serve you by Furniture Medic, L.P.*

July 24, 2000

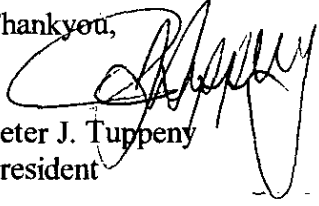
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Tuppeny Enterprises, Inc.
/dba/ Furniture Medic
#P9700104894

Dear Sirs:

Recently, I received a 2000 Uniform Business Report. The report indicated that I was to include a fee of \$550.00 dollars. This seemed high, so I referenced our prior payment of May of 99' and saw that we had paid \$150.00. I realized that we were being penalized for a late filing of this report and that this was the difference. We however, did not receive any paper work prior to this most recent notice to file this year.

Speaking with one of your customer service people I was told that these forms are typically sent out at the beginning of the year. This person indicated that I should enclose the amount of \$150.00 and that you may be willing to waive this penalty as we had not received any prior notice/forms to file.

Thankyou,

Peter J. Tuppeny
President