

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90072 041 ***150.00

000518 AV

DOCUMENT # P97000104894
 1. Entity Name
TUPPENY ENTERPRISES, INC.

Principal Place of Business Mailing Address
447 AUUN AVENUE **2632 WESTMINSTER TERRACE**
SUITE B & C **OVIEDO FL 32765**
OVIEDO FL 32765

B0004310



2. Principal Place of Business 3. Mailing Address
447 Aulin Avenue Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite B; C City & State
 City & State City & State
oviedo FL **FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3480818 Not Applicable

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

6. Name and Address of Current Registered Agent
TUPPENY, PETER J
2632 WESTMINSTER TERRACE
OVIEDO FL 32765

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

ADDRESS CONNECTION

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: *Peter J. Tuppeny* **Peter J. Tuppeny** **President** **1-7-2002**
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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TUPPENY, PETER J 2632 WESTMINSTER TERRACE OVIEDO FL 32765 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 names empowered.

SIGNATURE: *Peter J. Tuppeny* **Peter J. Tuppeny** **President** **1-7-2002** **(407) 644-5570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)