

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

**447 AUUN AVENUE
 SUITE B & C
 OVIEDO FL 32765**

Mailing Address

**2632 WESTMINSTER TERRACE
 OVIEDO FL 32765**

B0004310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

447 Aulin Avenue

Suite, Apt. #, etc.
Suite B; C

City & State
oviedo FL

Zip
32765

Country
seminole

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3480818**

Applied For
 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**

ADDRESS CONNECTION

7. Name and Address of New Registered Agent

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 *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 **D** Delete
 NAME **TUPPENY, PETER J**
 STREET ADDRESS **2632 WESTMINSTER TERRACE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2002

Date

Daytime Phone #

(407) 644-5570

CR2E034 (9/01)