

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90207 018 ***150.00

0015126

DOCUMENT # P98000067643

1. Entity Name
THE TUPELO GROUP, INC.

Principal Place of Business
8164 S.E. CROFT CIRCLE 3B
HOBE SOUND FL 33455

Mailing Address
8164 S.E. CROFT CIRCLE 3B
HOBE SOUND FL 33455

2. Principal Place of Business
233 S E WELLS DR
 Suite, Apt. #, etc.

3. Mailing Address
233 S E WELLS DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
STUART FLA

City & State
STUART FLA

4. FEI Number **65-0857595**

Applied For
 Not Applicable

Zip **34996** Country **USA**

Zip **34996** 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

CHASON, ROBERT M
8164 S.E. CROFT CIRCLE 3B
HOBE SOUND FL 33455

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: ROBERT M. CHASON [Signature] April 26, 2001
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, 2001 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

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TITLE	NAME	TITLE	NAME
	D CHASON, ROBERT M 8164 S.E. CROFT CIRCLE 3B HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	233 S E WELLS DR STUART, FLA. 34996
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<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 like empowered.

SIGNATURE: [Signature] ROBERT M CHASON / 26/2001 561-545-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)