

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90083 001 ***150.00

DOCUMENT # P98000071453

1. Entity Name
WULP, INC.

Principal Place of Business

**3399 PONCE DE LEON BLVD. #202
 CORAL GABLES FL 33134**

Mailing Address

**3399 PONCE DE LEON BLVD. #202
 CORAL GABLES FL 33134**

2. Principal Place of Business

9553 Harding Ave

3. Mailing Address

PO Box 545867

Suite, Apt. #, etc.

308

Suite, Apt. #, etc.

City & State

Surfside, FL

City & State

Surfside, FL

Zip

33154

Country

USA

Zip

33154

Country

USA

6. Name and Address of Current Registered Agent

BAUMBERGER, HANS

**3399 PONCE DE LEON BLVD. #202
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Baumberger, Hans**

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

9553 Harding Ave #308

City

Surfside

FL

Zip Code

33154

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.

Hans Baumberger

(NOTE: Registered Agent signature required when reinstating)

1/23/2002

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	<input type="checkbox"/> Delete
NAME	BAUMBERGER, HANS	
STREET ADDRESS	3399 PONCE DE LEON BLVD. #202	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMBERGER, HANS	
STREET ADDRESS	9553 HARDING AVE #308	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hans Baumberger

1/23/2002

Date

305-867-8370

Daytime Phone #

CR2E034 (9/01)