

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90066 019 ***150.00

0513418 AV

DOCUMENT # P98000073666
 1. Entity Name
KYPU, INC.

Principal Place of Business 1133 DANNY DRIVE SARASOTA FL 34243	Mailing Address 1133 DANNY DRIVE SARASOTA FL 34243
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2. Principal Place of Business 3212 Hwy 301 Suite, Apt. #, etc.	3. Mailing Address 3212 Hwy 301 Suite, Apt. #, etc.
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City & State Ellenton FL	City & State Ellenton FL 34222	4. FEI Number 65-0861880	Applied For <input type="checkbox"/> Not Applicable
Zip 34222	Country Manatee	Zip 34222	Country Manatee

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

902781



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KATZMAN, RANDY
1133 DANNY DRIVE
SARASOTA FL 34243

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZMAN, TERESA 1133 DANNY DRIVE SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST KATZMAN, RANDY 1133 DANNY DRIVE SARASOTA FL 34243 <input type="checkbox"/> Delete	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 like empowered.

SIGNATURE: Randy Katzman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02 941 723 2558
 Date Daytime Phone #

CR2E034 (9/01)