

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90014 007 \*\*\*150.00

0423190 AV

<b>DOCUMENT # P98000100748</b>			
1. Entity Name <b>HUPP &amp; BRACIAK, INC.</b>			
Principal Place of Business <b>607 WEST BAY ST. TAMPA FL 33606</b>		Mailing Address <b>607 WEST BAY ST. TAMPA FL 33606</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HUPP, ANDREW</b> <b>607 WEST BAY ST</b> <b>TAMPA FL 33606</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____ (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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME <input type="checkbox"/> Delete		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Delete		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Delete		
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NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Delete		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
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 601, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3540711** Applied For ☐ Not Applicable ☐

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

CR2E034 (9/01)

4/8/02 813 251 9702  
 Date Daytime Phone #