

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011791

1. Entity Name

BUSINESS IMPROVEMENT SYSTEMS, INC.

Principal Place of Business

1254 BERKSHIRE LANE  
TARPON SPRINGS FL 34689

Mailing Address

1254 BERKSHIRE LANE  
TARPON SPRINGS FL 34689

2. Principal Place of Business

3574 SEAWAY DRIVE

3. Mailing Address

3574 SEAWAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

Zip

34652

Country

4. FEI Number

59-3556767

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUPPER, TIMOTHY  
1254 BERKSHIRE LANE  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name TUPPER, TIMOTHY

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

3574 SEAWAY DRIVE

City

NEW PORT RICHEY FL

Zip Code

34652

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.

(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

TITLE DPTS  
NAME TUPPER, TIMOTHY  
STREET ADDRESS 1254 BERKSHIRE LANE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS  
NAME TUPPER, TIMOTHY  
STREET ADDRESS 3574 SEAWAY DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☒ Change ☐ Addition

TITLE DVP  
NAME TUPPER, SARAH  
STREET ADDRESS 3574 SEAWAY DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Timothy Tupper TIMOTHY TUPPER  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01  
Date

727-848-2380  
Daytime Phone #

042534

CR2E034 (10/00)

FILED  
Apr 24, 2001 8:00 am  
Secretary of State  
04-24-2001 90013 020 \*\*\*150.00

643581



DO NOT WRITE IN THIS SPACE