

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0108712 AV

DOCUMENT # P99000028903

1. Entity Name
UP-N-UP, INC.



FILED

04 FEB -2 AM 10:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
2009 14TH ST. WEST
BRADENTON FL 34205

Mailing Address
2009 14TH ST. WEST
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0904130

Applied For
Not Applicable

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

PEAK, PETER A. ESQ.
2002 MANATEE AVE. WEST
BRADENTON FL 34205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-04

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MOCK, MATTHEW
CITY-ST-ZIP 2009 14TH ST. WEST
BRADENTON FL 34205

TITLE ☐ Change ☐ Addition
NAME 500026188125
STREET ADDRESS 01/06/04--01082--006 **\$750.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GONZALEZ, RODRIGO
CITY-ST-ZIP 2009 14TH ST. WEST
BRADENTON FL 34205

TITLE ☐ Change ☐ Addition
NAME 500026188125
STREET ADDRESS 02/02/04--01095--004 **\$150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

12/28/03

(941) 748-3431

Date

Daytime Phone #

CR2E034 (4/03)