

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90191 021 ***158.75

DOCUMENT #

1. Entity Name

P99000103953

Uppie, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 Deer Hammock Rd

3. Mailing Address

250 Deer Hammock Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

50036530

DO NOT WRITE IN THIS SPACE

4. City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0963285

Applied For

Not Applicable

Zip
34240-5849

Country

USA

Zip
34240-5849

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Debra K. Upchurch

Street Address (P.O. Box Number is Not Acceptable)
250 Deer Hammock Rd

City Sarasota

FL

Zip Code
34240-5849

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

Debra K. Upchurch

Debra K. Upchurch

4-7-2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PTD
NAME Upchurch, Brian R
STREET ADDRESS 250 Deer Hammock Rd
CITY-ST-ZIP Sarasota, FL 34240-5849

TITLE VPSD
NAME Upchurch, Debra K
STREET ADDRESS 250 Deer Hammock Rd
CITY-ST-ZIP Sarasota, FL 34240-5849

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra K. Upchurch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-2005 (941) 378-3538

Date

Daytime Phone #

CR2E034B (12/02)