

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90024 002 ***150.00

DOCUMENT # V49528
 1. Entity Name
UPL, INC.

Principal Place of Business Mailing Address
798 N PONCE DE LEON BLVD **PO DRAWER 1690**
DEPT. H.C. **DEPT. H.C.**
ST AUGUSTINE FL 32084 **ST AUGUSTINE FL 32085-1690**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3144174** Applied For
 Not Applicable

Zip Country Zip Country

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

CREAMER, EDDIE
790 N PONCE DE LEON BLVD
SAINT AUGUSTINE FL 32084

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.

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	DP	<input type="checkbox"/> Delete
NAME	CREAMER, JAMES E JR	
STREET ADDRESS	790 N PONCE DE LEON BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	UPCHURCH, HAMILTON D	
STREET ADDRESS	790 N PONCE DE LEON BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	PETERSON, RANDALL	
STREET ADDRESS	790 N PONCE DE LEON BLVD	
CITY-ST-ZIP	SAINT AUGUSTINE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, B JEFFREY	
STREET ADDRESS	790 N PONCE DE LEON BLVD	
CITY-ST-ZIP	SAINT AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE: Eddie Creamer **January 9, 2002** **(904) 823-3918**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)