

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000082755

**Entity Name:** STOCKUP INC.

**Current Principal Place of Business:**

1451 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33319

**Current Mailing Address:**

P.O. BOX 670291  
CORAL SPRINGS, FL 33067 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLQUHOUN, BRUNY  
1451 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33319 US

*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:** BRUNY COLQUHOUN

04/30/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name COLQUHOUN, MACHEL  
Address P.O. BOX 670291  
City-State-Zip: CORAL SPRINGS FL 33067

Title DIRECTOR  
Name MORIVAL, LAURA  
Address 10144 ARBOR RUN DRIVE UNIT 1  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name DARIS, KETNER  
Address 1322 OVERLOOK CROSSTOWN CT  
104  
City-State-Zip: TAMPA FL 33619

Title DIRECTOR  
Name EVENEL, OBAS  
Address 2716 NW 34 TERRACE  
City-State-Zip: FORT LAUDERDALE FL 33311

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MACHEL COLQUHOUN

**DIRECTOR**

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date