

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91103 034 \*\*\*\*61.25

**DOCUMENT # N99000000463**

1. Entity Name

**NAPM-FLORIDA SUN COAST, INC.**

Principal Place of Business

2137 DAVIS BLVD.  
 % MIKE NASSOY  
 FT.MYERS FL 33905

Mailing Address

2137 DAVIS BLVD.  
 % MIKE NASSOY  
 FT.MYERS FL 33905

2. Principal Place of Business

**4245 EVANS AVE**

Suite, Apt. #, etc.

**Co MELIZA COLON**

City & State

**FT. MYERS FL**

Zip

**33990**

Country

**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0910136**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WORKMAN, LUANN**  
**16330 FAIRWAY WOODS DR.,#1703**  
**FT.MYERS FL 33908**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	WORKMAN, LUANN	16330 FAIRWAY WOODS 98 1703	FORT MYERS FL 33908	<input type="checkbox"/>
VPD	LONG, VICKIE	6358 OLD MAHOGANY CT	NAPLES FL 34209	<input type="checkbox"/>
TD	NASSOY, MIKE	2137 DAVIS BLVD	FORT MYERS FL 33905	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DNA	WORKMAN, LUANN	16330 FAIRWAY WOODS 98 1703	FORT MYERS FL 33908	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	NASSOY, MIKE	2137 DAVIS BLVD	FORT MYERS FL 33905	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	COLON, MELIZA	4245 EVANS AVE	FORT MYERS FL 33990 33901	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/01**

Date

Daytime Phone #

CR2E037 (10/00)