

2002 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-11-2002 90015 010 ****70.00

DOCUMENT # N99000000463

1. Entity Name

NAPM-FLORIDA SUN COAST, INC.

Principal Place of Business

Mailing Address

4245 EVANS AVE
 C/O MELIZA COLON
 FT. MYERS FL 33901

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

19464



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4245 EVANS AVE

4245 EVANS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O MELIZA COLON

C/O MELIZA COLON

City & State

City & State

FT. MYERS, FL 33901

FT. MYERS, FL

Zip 33901
 33901

Country
 USA

Zip 33901

Country
 USA

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

7. Name and Address of New Registered Agent

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

Name

MELIZA COLON

Street Address (P.O. Box Number is Not Acceptable)

4245 EVANS AVE

City

FT. MYERS, FL

FL

Zip Code

33901

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/18/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DNA
 NAME WORKMAN, LUANN Delete
 STREET ADDRESS 16330 FAIRWAY WOODS 98 1703
 CITY-ST-ZIP FORT MYERS FL 33908

TITLE D PRESIDENT Change Addition
 NAME ALEXANDER, CHERI
 STREET ADDRESS 25313 DORRADO DRIVE
 CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE VPD
 NAME LONG, VICKIE Delete
 STREET ADDRESS 8358 OLD MAHOGANY CT
 CITY-ST-ZIP NAPLES FL 34209

TITLE D EDUCATION Change Addition
 NAME BATES, SHERRA
 STREET ADDRESS 16500 SLATEL RD #4;
 CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE PD
 NAME NASSOY, MIKE Delete
 STREET ADDRESS 2137 DAVIS BLVD
 CITY-ST-ZIP FORT MYERS FL 33905

TITLE D PETER BOERS Change Addition
 NAME PETER BOERS
 STREET ADDRESS 9051 LIGHTNINGBUG CT.
 CITY-ST-ZIP FT. MYERS, FL 33917

TITLE D TD Delete
 NAME COLON, MELIZA
 STREET ADDRESS 4245 EVANS AVE
 CITY-ST-ZIP FORT MYERS FL 33901

TITLE D TD & WEB MASTER Change Addition
 NAME COLON, MELIZA
 STREET ADDRESS 4245 EVANS AVE
 CITY-ST-ZIP FT. MYERS, FL 33901

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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:

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

1/18/02 941-936-8700
 Date Daytime Phone #

CR2E037 (9/01)