

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90211 009 ****61.25

DOCUMENT # N99000000463



1. Entity Name
NAPM-FLORIDA SUN COAST, INC.

Principal Place of Business

**4245 EVANS AVE
C/O MELIZA COLON
FT. MYERS FL 33990**

Mailing Address

**4245 EVANS AVE
C/O MELIZA COLON
FT. MYERS FL 33990**

11033942



2. Principal Place of Business

5967 Camelot DR. W

3. Mailing Address

5967 Camelot Dr N

Suite, Apt. #, etc.

4/o Bill MEADE

Suite, Apt. #, etc.

4/o Bill MEADE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number **65-0910136**

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

34233

Country

USA

Zip

34233

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COLON, MELIZA
4245 EVANS AVENUE
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name **BILL MEADE**
Street Address (P.O. Box Number is Not Acceptable)
5967 Camelot DR N
City **SARASOTA** FL Zip Code **34233**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALEXANDER, CHERI	
STREET ADDRESS	25313 DORIDO DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BATES, SHERRA	
STREET ADDRESS	16500 SLATER ROAD, #41	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOERS, PETER	
STREET ADDRESS	9051 LIGHTNING BUG COURT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	TDWB	<input type="checkbox"/> Delete
NAME	COLON, MELIZA	
STREET ADDRESS	4245 EVANS AVE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL MEADE	
STREET ADDRESS	5967 Camelot DR N	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Bill Meade **REQUIRED** 4/30/03 941-355-2971

CR2E037 (10/02)