

**2001 UNIFORM BUSINESS REPORT (UBR)**

31

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90413 019 \*\*\*150.00

**DOCUMENT # P00000065518**

1. Entity Name  
**NPP, INC.**

Principal Place of Business      Mailing Address  
**10910 PARNU STREET      10910 PARNU STREET**  
**NAPLES FL 34109      NAPLES FL 34109**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number: **65 08455 15**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PEZZULO, MARY G**  
**10910 PARNU STREET**  
**NAPLES FL 34109**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinitiating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PEZZULO, MARY G</b>	
STREET ADDRESS	<b>10910 PARNU STREET</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>Vice Pres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES G. NICHOLL</b>	
STREET ADDRESS	<b>662 109TH AVENUE</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	
TITLE	<b>VICE PRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOUISE C. NICHOLL</b>	
STREET ADDRESS	<b>662 109TH AVENUE</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	
TITLE	<b>TREA/SEC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JUDITH L. PASCARELLA</b>	
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		

CR2E034 (10/00)

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 an address, with all other like empowered.

SIGNATURE: Mary G. Pezzulo  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3-26-01  
Date Daytime Phone #