

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 398793**

1. Entity Name

**NAPIER, INCORPORATED OF PENSACOLA**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90035 009 \*\*\*158.75

Principal Place of Business

Mailing Address

ONE SOUTH A ST #201  
 SUITE 202  
 PENSACOLA FL 32501  
 US

P. O. BOX 9469  
 PENSACOLA FL 32513-9469  
 US

2. Principal Place of Business

3. Mailing Address

4400 Bayou Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 52-B

City & State

City & State

PENSACOLA, FL

4. FEI Number

59-1429033

Applied For

Not Applicable

Zip

Country

Zip

Country

32503

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPIER, PHILIP  
 1201 VIA DELUNA DR  
 PENSACOLA BCH FL 32561

Name

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

1188 JAGUAR Circle

Gulf Breeze

City

FL

Zip Code

32561

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 \_\_\_\_\_

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
 NAME NAPIER, PHILIP  
 STREET ADDRESS 1201 VIA DE LUNA DR  
 CITY-ST-ZIP PENSACOLA BCH, FL 00000

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 1188 JAGUAR Circle  
 CITY-ST-ZIP GULF BREEZE, FL. 32561

TITLE ST  Delete  
 NAME NAPIER, JOSEPH  
 STREET ADDRESS 1 SOUTH "A" STREET  
 CITY-ST-ZIP PENSACOLA, FL 00000

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 4400 BAYOU BLVD.  
 CITY-ST-ZIP SUITE 52-B PENSACOLA, FL. 32503

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/00

Date

850-857-1881

Daytime Phone #

CR2F034 (9/99)