

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91537 029 ****61.25

DOCUMENT # 713763

1. Entity Name

NAPM - FLORIDA INC.

Principal Place of Business

Mailing Address

1444 NORTH MONTROSE
 LAKELAND FL 33805
 US

PO BOX 8223
 LAKELAND FL 33802-8223
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7274901

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KEITH, PRISCILLA
 1444 NORTH MONTROSE AVENUE
 LAKELAND FL 33805

Name **Gail Blaese**

Street Address (P.O. Box Number is Not Acceptable)
5300 Old Tampa Highway

City **Lakeland**

FL

Zip Code **33811**

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

Gail Blaese

4-26-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | DAHER, GEORGE | |
| STREET ADDRESS | 2471 TAYLOR ROAD | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HARTSFIELD, REX | |
| STREET ADDRESS | 333 AVENUE M | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KLUG, PAULA | |
| STREET ADDRESS | 804 WATERS OAK DR | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | NICHOLS, PAT | |
| STREET ADDRESS | 1305 SUNSET AVE | |
| CITY-ST-ZIP | LAKELAND FL 33801-6544 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | PERRY, BOBBI J | |
| STREET ADDRESS | 5223 ST LUCIA DR | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KLUG, PAULA | |
| STREET ADDRESS | 804 WATERS OAK DRIVE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |

| | | |
|----------------|----------------------|--|
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Henry Kirkland | |
| STREET ADDRESS | 1401 N.E. 1st Street | |
| CITY-ST-ZIP | Mulberry FL 33860 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Priscilla Keith | |
| STREET ADDRESS | 1444 North Montrose | |
| CITY-ST-ZIP | Lakeland FL 33805 | |
| 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 | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Linda Varner | |
| STREET ADDRESS | 808 W. Tever Street | |
| CITY-ST-ZIP | Plant City FL 33566 | |
| 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 empowerment.

SIGNATURE:

SIGNATURE REQUIRED

4-26-02 (863) 666-2433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)