2001 UNIFORM BUSINESS REPORT (UBR)

May 07, 2001 8:00 am Secretary of State **DOCUMENT # J80462** 1. Entity Name NAPIER & NAPIER, INC. 05-07-2001 90041 005 ***150.00 Principal Place of Business Mailing Address 1535 GARDNER DRIVE 1535 GARDNER DRIVE **LUTZ FL 33549** LUTZ FL 33549 US LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-28 19962 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -----7. Name and Address of New Registered Agent Name NAPIER, RUSSELL L., JR. Street Address (P.O. Box Number is Not Acceptable) 1535 GARDNER DRIVE **LUTZ FL 33549** Zip Code City Fl 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change Addition NAPIER, RUSSELL L. JR NAME NAME 1535 GARDNER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL STD TITLE ☐ Delete ☐ Change ☐ Addition NAME NAPIER, SUSAN K. NAME STREET ADDRESS 1535 GARDNER DRIVE STREET ADDRESS CITY-ST-ZIF **LUTZ FL** CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE: <u>PUSSEIL LEE NAMER</u> JR. Russell Lee Napier, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIF

TITLE

TITLE

NAME

Change

☐ Change

☐ Addition

☐ Addition