

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90221 014 ****61.25

DOCUMENT # N01000000389

1. Entity Name

N.P.R.S.C., INC.



Principal Place of Business

7404 SAN MORITZ DR.
 PORT RICHEY FL 34668

Mailing Address

PO BOX 178
 NEW PORT RICHEY FL 34656-0178

00134038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Pasco

4. FEI Number

31-1804715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, G. FRANK JR
 7512 RIDGE RD.
 PORT RICHEY FL 34668

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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 D ☒ Delete
 NAME HALE, GEORGE
 STREET ADDRESS 3302 SCORECARD DR.
 CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☒ Addition
 NAME Joseph B. Patterson
 STREET ADDRESS 4825 Sandpointe Dr
 CITY-ST-ZIP New Port Richey FL 34655

TITLE D ☐ Delete
 NAME LEE, ROBERT
 STREET ADDRESS 4822 BELLEMEDE DR.
 CITY-ST-ZIP NEW PORT RICHEY FL 34655

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

TITLE D ☐ Delete
 NAME MANUEL, LESTER
 STREET ADDRESS 4309 DUEY DR.
 CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE D ☐ Delete
 NAME JOCKERS, RAY
 STREET ADDRESS 5533 PILOTS PLACE
 CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE D ☐ Delete
 NAME CRANE, BILL
 STREET ADDRESS 7434 NOVA SCOTIA DR.
 CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D ☐ Delete
 NAME REUTTER, WALTER E
 STREET ADDRESS 7835 EMBASSY BLVD.
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

[Handwritten Signature]

CR2E037 (4/02)