

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90205 039 ****70.00

DOCUMENT # N01000004818

1. Entity Name

FLORIDA NPO SERVICES, INC.,



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4020 Portsmouth Rd.,

Suite, Apt. #, etc.

3. Mailing Address
4020 Portsmouth Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LARGO FLORIDA

City & State
LARGO FLORIDA

4. FEI Number F 593728466001

Applied For
Not Applicable

Zip
33771

Country
USA

Zip
33771

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name William Watson

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

4020 Portsmouth Rd

City Largo

FL Zip Code
33771

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WATSON, WILLIAM (Director)
4020 PORTSMOUTH RD.,
LARGO FL 33771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MONACO, SARA (Director)
4018 PORTSMOUTH RD.,
LARGO FL 33771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GULLEY, TAMALA (Director)
631 LAKEMONT DRIVE
BRANDON FL 33510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. WATSON

4/28/03

(727) 535 - 4662

Date

Daytime Phone #

CR2E037B (12/02)