

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N96000006133****1. Entity Name**  
NIAP, INC.**Principal Place of Business**  
7807 ST. ANDREWS CIRCLE  
ORLANDO FL 32835**Mailing Address**  
7807 ST. ANDREWS CIRCLE  
ORLANDO FL 32835**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State**4. FEI Number**  
**59-3472745**  
**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****BOWERS JACQUELYN T**  
7807 ST. ANDREWS CIRCLE  
ORLANDO FL 32835  
US**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.****SIGNATURE JACQUELYN BOWERS****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JOHNSON JAMILLAH	4568 CAL CT.	ORLANDO FL 32808	<input type="checkbox"/>
D	HAYNES SYLVIA L	4434 CEPEDA STREET	ORLANDO FL 32811	<input type="checkbox"/>
D	WISE TAWANNA S	325 WILD FOREST DRIVE	DAVENPORT FL 33837	<input type="checkbox"/>
CEOM	BOWERS JACQUELYN T	7807 ST. ANDREWS CIRCLE	ORLANDO FL 32835	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jacquelyn T. Bowers** **ceom** **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)