

2002 UNIFORM BUSINESS REPORT (UBR)**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

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**BOWERS, JACQUELYN T
7807 ST. ANDREWS CIRCLE
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacquelyn T. Bowers **Jacquelyn T. Bowers**

Date

Daytime Phone #

9/18/02**(407) 294-8535****FILED**
Sep 23, 2002 8:00 am
Secretary of State

06-03-2002 91201 036 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

CHECK #652


PAGE 1 OF 1

Attachment

42790

CHECK #652

196000006133

JAMES T BOWERS 7807 SAINT ANDREWS CIRCLE ORLANDO, FL 32835		0652	
80124214 5-3-02 Date		63-043/031 BRANCH 07022	
Pay to the order of <u>DIVISION OF CORPORATIONS STATE OF FLORIDA</u>		\$ <u>61.25</u>	
<u>Sixty one AND 25/100</u>		Dollars <input checked="" type="checkbox"/> <small>Security Reference Number</small>	
SouthTrust Bank Orlando, FL		<i>Silver Service</i>	
For <u># 196 00000 6133 - NTP</u>			
06631094301 29 041 336 0652		00000006125	

[VIEW BACK IMAGE OF CHECK...](#)

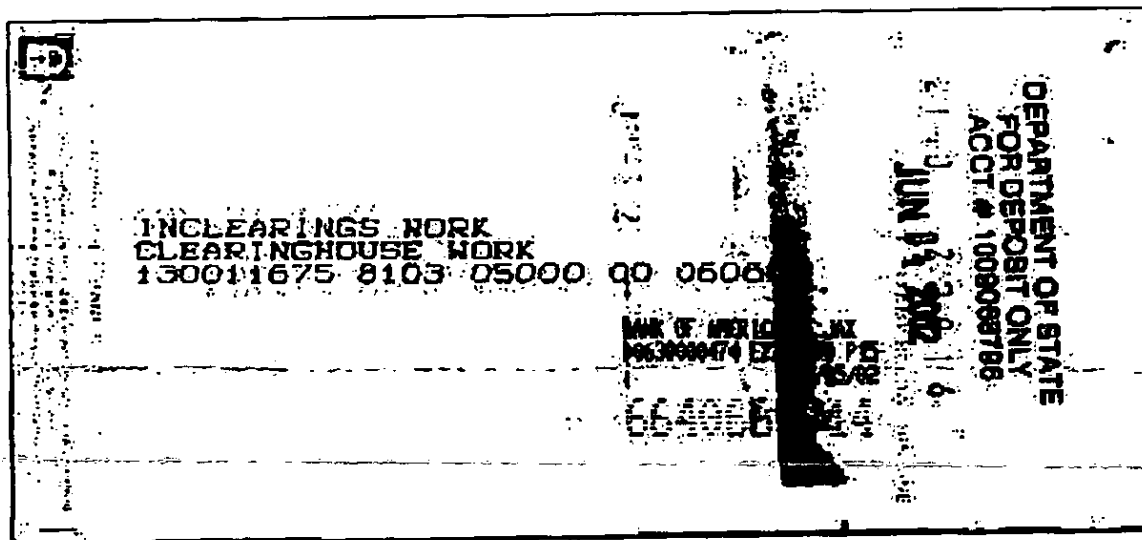
Close Window

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Attachment

42790

#N96000006133



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