

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000006133

Entity Name: NIAP, INC.

FILED
May 01, 2003
Secretary of State

Current Principal Place of Business:

7807 ST. ANDREWS CIRCLE
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7807 ST. ANDREWS CIRCLE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3472745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEOM () Delete
Name: BOWERS, JACQUELYN T
Address: 7807 ST. ANDREWS CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: WISE, TAWANNA S
Address: 325 WILD FOREST DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: HAYNES, SYLVIA L
Address: 4434 CEPEDA STREET
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: JOHNSON, JAMILLAH
Address: 4568 CAL CT.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COMBS, JAMILLAH
Address: 4568 CAL CT.
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN BOWERS

CEOM

05/01/2003

Electronic Signature of Signing Officer or Director

Date