

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000004413

FILED  
Aug 26, 2002  
Secretary of State

**Entity Name:** NORTH FLORIDA ASSOCIATION OF NETWORKING PROFESSIONALS, INC.

## Current Principal Place of Business:

6730 JOHNSTOWN LOOP  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

1016 WAVERLY ROAD  
TALLAHASSEE, FL 32312

## Current Mailing Address:

P.O. BOX 13571  
TALLAHASSEE, FL 323173571

## New Mailing Address:

FEI Number: 59-3525816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANIGO, WAYNE  
6730 JOHNSTOWN LOOP  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

KAREN, KEPICS  
1016 WAVERLY ROAD  
TALLAHASSEE, FL 32312 US

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: KAREN KEPICS

08/26/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MANIGO, WAYNE  
Address: 6730 JOHNSTOWN LOOP  
City-St-Zip: TALLAHASSEE, FL 32309

Title: IPPD ( ) Delete  
Name: MEYER, HANS  
Address: 3526 DUNDALK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: EDD ( ) Delete  
Name: KEPICS, KAREN  
Address: 84 MOCCASIN CIRCLE  
City-St-Zip: HAVANA, FL 32333

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KAREN, KEPICS  
Address: 1016 WAVERLY ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: CD (X) Change ( ) Addition  
Name: MEYER, HANS  
Address: 3526 DUNDALK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD (X) Change ( ) Addition  
Name: MIKE, WALSH  
Address: 3400 DAY LILY LANE  
City-St-Zip: TALLAHASSEE, FL 32308

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: KAREN KEPICS

PD

08/26/2002

Electronic Signature of Signing Officer or Director

Date