

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90211 009 *****61.25

DOCUMENT # N99000000463

1. Entity Name

NAPM-FLORIDA SUN COAST, INC.



Principal Place of Business

**4245 EVANS AVE
C/O MELIZA COLON
FT. MYERS FL 33990**

Mailing Address

**4245 EVANS AVE
C/O MELIZA COLON
FT. MYERS FL 33990**

11033942



2. Principal Place of Business

5967 Camelot Dr. N

3. Mailing Address

5967 Camelot Dr N

Suite, Apt. #, etc.

40 Bill Meade

Suite, Apt. #, etc.

40 Bill Meade

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34233

Country

USA

Zip

34233

Country

4. FEI Number **65-0910136**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COLON, MELIZA
4245 EVANS AVENUE
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

BILL MEADE

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

5967 Camelot Dr N

City

SARASOTA

FL

Zip Code

34233

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

Bill Meade

4/30/03

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ALEXANDER, CHERI**
STREET ADDRESS **25313 DORIDO DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **ED** ☐ Delete
NAME **BATES, SHERRA**
STREET ADDRESS **16500 SLATER ROAD, #41**
CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE **D** ☐ Delete
NAME **BOERS, PETER**
STREET ADDRESS **9051 LIGHTNING BUG COURT**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **TDWB** ☐ Delete
NAME **COLON, MELIZA**
STREET ADDRESS **4245 EVANS AVE**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **BILL MEADE**
STREET ADDRESS **5967 Camelot Dr N**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Bill Meade **REQUIRED**

4/30/03

941-355-2971

CR2E037 (10/02)