

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90363 040 ***150.00

DOCUMENT # P00000010475

1. Entity Name
CNPS, INCORPORATED

Principal Place of Business

~~600 SCENIC HWY STE 223~~
PENSACOLA FL 32503-6731

Mailing Address

~~600 SCENIC HWY STE 223~~
PENSACOLA FL 32503-6731

2. Principal Place of Business

16 Port Royal Way
 Suite, Apt. #, etc.

3. Mailing Address

16 Port Royal Way
 Suite, Apt. #, etc.

City & State

Pensacola

City & State

Pensacola

4. FEI Number

59-3619689

Applied For

Not Applicable

Zip

32501

Country

USA

Zip

32501

Country

USA

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

HOVANESIAN, ARCHIBALD ESQ
600 SCENIC HWY STE 223
PENSACOLA FL 32503-6731

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	General Counsel/Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVANESIAN, ARCHIBALD JR	
STREET ADDRESS	16 Port Royal Way	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	CEO, President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVANESIAN, John C.	
STREET ADDRESS	5757 Oglesby Rd	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 850-436-4461

Date

Daytime Phone #

CR2E034 (10/00)