## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P00000010475 DOCUMENT #

1. Entity Name CNPS. INCORPORATED



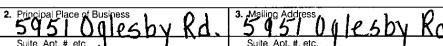
FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90132 013 \*\*\*150.00

Principal Place of Business 16 POST ROYAL WAY PENSACOLA FL 32501

US

Mailing Address 16 POST ROYAL WAY PENSACOLA FL 32501





CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3619689 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOVANESIAN, JOHN C Street Address (P.O. Box Number is Not Acceptable) 5951 OGLESBY RD. MILJON FL 32370 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOWN! FEE-IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition **Delete** TITLE **M**OVANESIAN, ARCHIBALD JR NAME NAME 16 PORT ROYAL WAY STREET ADDRESS STREET ADDRESS PENSACOLA FL 32501 CITY-ST-ZIP CITY-ST-ZIP CEOP ☐ Addition TITLE ☐ Delete TITLE Change HOVANESIAN, JOHN C NAME NAME 5951 OGLESBY RD. STREET ADDRESS STREET ADDRESS MILTON FL 32570 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE - Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment v

John C. Horanesian SIGNATURE: