

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90214 041 ***150.00

DOCUMENT # P000000088230
1. Entity Name
Nappers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Nappers, Inc.
Suite, Apt. #, etc.

3. Mailing Address
116 N. Ridgewood Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Edgewater, FL **City & State** Edgewater, FL **4. FEI Number** 593692865 **Applied For** ☒ **Not Applicable**

Zip 32132 **Country** USA **Zip** 32132 **Country** USA **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name JAMES R. MISKULIN
Street Address (P.O. Box Number is Not Acceptable)
330 TREASURE DRIVE
City Port St. Joe **FL** **Zip Code** 32456

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 James R. Miskulin, Employee **DATE** 4/28/02
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE Director=D NAME Miskulin, James R. STREET ADDRESS 330 Treasure Drive CITY-ST-ZIP Port St. Joe, FL 32456	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE President=P NAME Meurisse, Cheryl STREET ADDRESS 1010 S. Newark St. CITY-ST-ZIP Aurora, CO 80017	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE Vice President NAME Meurisse, Lori STREET ADDRESS 390 18th Street CITY-ST-ZIP Burlington, CO 80807	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE S=Secretary NAME Miskulin, Joseph STREET ADDRESS 1307 Azalea Hill Dr. CITY-ST-ZIP Greenville, SC 29607	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Miskulin Joseph Miskulin, Secretary 4/28/02 864-289-9806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034B (12/01)