2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am P00000097244 DOCUMENT # **Secretary of State** 1. Entity Name NATIONAL ASSOCIATION OF PROCUREMENT PROFESSIONAL 03-13-2002 90113 033 ***150.00 S, INC. Principal Place of Business Mailing Address 601 ELKCAM CIRCLE. STE. C-5 601 ELKÇAM CIRCLE, STE. C-5 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1742931 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KREIDER, LARRY Street Address (P.O. Box Number is Not Acceptable) 601 ELKCAM CIRCLE, STE. C-5 MARCO ISLAND FL 34145 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 Change Addition TITLE ☐ Delete TITLE KREIDER, LARRY NAME NAME 601 ELKCAM CIRCLE, STE. C-5 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE ELKO, DAVID M NAME NAME 8900 LANDIS AVE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEA ISLE CITY NJ 08243 CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME GRILLO, SAL STREET ADDRESS 433 5TH STREET STREET ADDRESS CITY-ST-ZIP **BROOKLYN NY 11215** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE KURYEA, BARBARA NAME NAME 16 SPINNAKER COURT STREET ADDRESS STREET ADDRESS OCEAN CITY NJ 08226 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

EQUARRY KREIDER 2/25/02
SIGNING OFFICER OF DIRECTOR SIGNATURE:

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