

2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2
AV
US93/42

DOCUMENT # P01000014450

1. Entity Name
NP IV, INC.

Principal Place of Business: **5821 LAKE WORTH ROAD GREENACRES FL 33463**

Mailing Address: **5821 LAKE WORTH ROAD GREENACRES FL 33463**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **65-1094869**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

FILED

02 APR -30 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**HART, MATTHEW C
5821 LAKE WORTH ROAD
GREENACRES FL 33463**

7. Name and Address of New Registered Agent
Name: **PETER S. SIDEL**
Street Address (P.O. Box Number is Not Acceptable): **5821-C LAKE WORTH ROAD**
City: **GREENACRES** FL Zip Code: **33463**

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]* **Peter S Sidel** DATE: **4/29/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2002 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: PD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HART, JOEL B		NAME:	
STREET ADDRESS: 5821 LAKE WORTH ROAD		STREET ADDRESS:	
CITY-ST-ZIP: GREENACRES FL 33463		CITY-ST-ZIP:	
TITLE: VD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FORBERGER, PAUL		NAME:	
STREET ADDRESS: 5821 LAKE WORTH ROAD		STREET ADDRESS:	
CITY-ST-ZIP: GREENACRES FL 33463		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SIDEL, PETER S		NAME:	500005395335--7
STREET ADDRESS: 5821 LAKE WORTH ROAD		STREET ADDRESS:	
CITY-ST-ZIP: GREENACRES FL 33463		CITY-ST-ZIP:	
TITLE: TVD	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HART, MATTHEW C		NAME:	
STREET ADDRESS: 5821 LAKE WORTH ROAD		STREET ADDRESS:	
CITY-ST-ZIP: GREENACRES FL 33463		CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HART, NANCY C		NAME:	
STREET ADDRESS: 5821 LAKE WORTH ROAD		STREET ADDRESS:	
CITY-ST-ZIP: GREENACRES FL 33463		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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]* **PAUL FORBERGER** DATE: **4-29-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

282

ACCOUNT FILING COVER SHEET
WALK IN

ACCOUNT #: FCA000000014

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301
850-222-1173

CONTACT: Pam

DATE: 4-30-02

REF #: 0427.6383

CORP. NAME: NP IV, Inc

RECEIVED
02 APR 30 PM 3:08
DIVISION OF CORPORATION

PLEASE FILE THE ATTACHED ANNUAL REPORT AND ISSUE A:

() CERTIFIED COPY () PLAIN COPY () GOOD STANDING

PLEASE DEBIT OUR ACCOUNT IN THE AMOUNT OF \$ 158⁷⁵

AUTHORIZATION: Chick