

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED ATX
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P01000074282
1. Entity Name
Happy Napper Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2418 SE 30th Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Ocala, FL		City & State	
Zip 34471	Country	Zip	Country

4. FEI Number
65-1126343

Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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05/11/06-80064-016 150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tracy Salomone TRACY SALOMONE 4/25/06 352-861-2107