FILED
Apr 28, 2003 8:00 am
Secretary of State

04-11-2003 90115 027 ***150.00

4/1

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086436

1. Entity Name
R & D NAPPI INC

Principal Place of Business	Mailing Address
9865 45TH WAY PINELLAS PK FL 33713	9865 45TH WAY PINELLAS PK FL 33713

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
6457 N. ZIRCON PT		6457 N. ZIRCON PT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DUNNELLON Fl		City & State: DUNNELLON Fl	
Zip: 33443	Country: CITRUS	Zip: 33443	Country: CITRUS

4. FEI Number 80-0050208 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAPPI, ROBERT L 9865 45TH WAY PINELLAS PK FL 33713	Name Street Address (P.O. Box Number is Not Acceptable) 6457 N. ZIRCON PT City DUNNellon FL Zip Code 33443

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] DATE 4-8-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	OWNER-PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROBERT L. NAPPI		NAME		
STREET ADDRESS	6457 N. ZIRCON PT		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL. 34433		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED 4-8-03 352-586-8459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #