

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-11-2003 90115 027 ***150.00

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DOCUMENT # P02000086436	
1. Entity Name R & D NAPPI INC	

Principal Place of Business 9865 45TH WAY PINELLAS PK FL 33713	Mailing Address 9865 45TH WAY PINELLAS PK FL 33713
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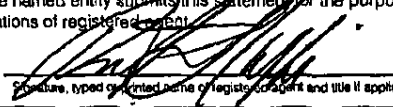
2. Principal Place of Business 6457 N. ZIRCON PT Suite, Apt. #, etc.	3. Mailing Address 6457 N. ZIRCON PT Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State DUNNELLON FL	City & State DUNNELLON FL	4. FEI Number 80-0050208	Applied For ☐ Not Applicable
Zip 33443	Country CITRUS	Zip 33443	Country CITRUS
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NAPPI, ROBERT L 9865 45TH WAY PINELLAS PK FL 33713	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6457 N. ZIRCON PT City DUNNELLON FL Zip Code 33443
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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  **DATE** 4-8-03

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
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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
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **REQUIRED**

DATE 4-8-03 **Daytime Phone #** 352-596-8459

CR2E034 (10/02)