## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 30, 2000 8:00 am Secretary of State DOCUMENT # P33484 1. Entity Name NAPIER REALTY SERVICES, INC. 03-30-2000 90035 010 \*\*\*158.75 Principal Place of Business Mailing Address 1 S "A" ST P. O. BOX 9469 SUITE 202 PENSACOLA FL 32513-9469 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address 4400 BAYOU Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 64-0631445 TENSACOL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAPIER, PHILIP Street Address (P.O. Box Number is Not Acceptable) 1 SOUTH "A" ST. SUITE 202 PENSACOLA FL 32501 Zip Code **3 250 3** 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 DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/99) Change ☐ Addition TITLE CD TITLE ☐ Delete NAME NAPIER, PHILIP NAME 1188 JAGUAR Circle STREET ADDRESS STREET ADDRESS 1201 VIA DELUNA Gulf Breeze, Fl. 32561 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA BCH. FL Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE 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 of supplierhental 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:

OF SIGNING OFFICER OR DIRECTOR