

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/1

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-17-2002 90038 018 ***150.00

DOCUMENT # P93000087510

1. Entity Name

NAPCO ENTERPRISES

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

TALLAHASSEE, FLORIDA

3. Mailing Address

P.O. BOX 15364

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE, FL.

Zip

32317

Country

USA

Zip

32317

Country

4. FEI Number

59-3217659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NEAL PORTER

Street Address (P.O. Box Number is Not Acceptable)

10501 VALENTINE RD, S.

City

TALLAHASSEE

FL

Zip Code

32317

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

Neal A Porter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NEAL A. PORTER, PRESIDENT
10501 VALENTINE RD, S.
TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Neal A Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02

Date

201-3412

Daytime Phone #