

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90342 002 ***150.00

0362367 AV

DOCUMENT # P94000015674

1. Entity Name
NAPPY H., INC.

Principal Place of Business
**704 SW 10TH ST.
 DEERFIELD BEACH FL 33441**

Mailing Address
**643 NW 3RD WAY
 DEERFIELD BEACH FL 33441**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
643 NW 3rd way
 Suite, Apt. #, etc.

3. Mailing Address
643 NW 3rd way
 Suite, Apt. #, etc.

City & State
Deerfield FL
 Zip
33441
 Country
U.S.

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4. FEI Number **65-0516216**
 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

**GAYLE, SOPHIA
 643 NW 3RD WAY
 DEERFIELD BEACH FL 33441**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 | C | <input type="checkbox"/> Delete |
| NAME | GAYLE, SOPHIA | |
| STREET ADDRESS | 643 NW 3RD WAY | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | GAYLE, NAOMI | |
| STREET ADDRESS | 643 NW 3RD WAY | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GAYLE, NAOMI | |
| STREET ADDRESS | 643 NW 3RD WAY | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 (954) 448-5826
 Date Daytime Phone #

CR2E034 (9/01)