

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048354

1. Entity Name  
NAPMAR, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90120 025 \*\*\*150.00

Principal Place of Business  
5100 N. TAMiami TRAIL  
STE 201  
NAPLES FL 34103  
US

Mailing Address  
5100 N. TAMiami TRAIL  
STE 201  
NAPLES FL 34103-2810  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4910 Tamiami Trail N.

3. Mailing Address  
4910 Tamiami Trail N.

Suite, Apt. #, etc.  
Suite 210

Suite, Apt. #, etc.  
Suite 210

City & State  
Naples, Florida

City & State  
Naples, Florida

Zip Country  
34103 US

Zip Country  
34103 US

4. FEI Number 65-0509646

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

SZEMPRUCH, DAVID J P.A.  
5100 N. TAMiami TRAIL  
STE 201  
NAPLES FL 34103

Name  
Same  
Street Address (P.O. Box Number is Not Acceptable)  
4910 Tamiami Trail N., Suite 210  
City  
Naples FL Zip Code  
34103

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, 2000 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PAZDERKA, BOB  
STREET ADDRESS 5100 N. TAMiami TRAIL, STE 201  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE PD ☒ Change ☐ Addition  
NAME Bob Pazderka  
STREET ADDRESS 4910 Tamiami Trail N., Suite 210  
CITY-ST-ZIP Naples, Florida 34103

TITLE VPDS  
NAME SZEMPRUCH, DAVID J  
STREET ADDRESS 5100 N. TAMiami TRAIL, STE 201  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE VPDS ☒ Change ☐ Addition  
NAME David J. Szempruch  
STREET ADDRESS 4910 Tamiami Trail N., Suite 210  
CITY-ST-ZIP Naples, Florida 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: David J. Szempruch 4/14/00 941-261-8484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)