

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000024783**

1. Entity Name

NATIONAL PROPERTY ACQUISITION CONSULTANTS, INC.**FILED****Apr 17, 2000 8:00 am**
Secretary of State

04-17-2000 90146 009 ***158.75

Principal Place of Business

Mailing Address

11278 86TH ST. NORTH
WEST PALM BEACH FL 33412
US11278 86TH ST. NORTH
WEST PALM BEACH FL 33412-1301
US**C0063992**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11278 86th St. North

11278 86th St. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0629471

Applied For

Not Applied For

Zip

33412

Country

USA

Zip

33412

Country

USA

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

TEAHAN, CHRISTINA
11278 86TH ST. N.
WEST PALM BEACH FL 33412

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

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

(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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TEAHAN, CHRISTINA
11278 86TH ST. N.
WEST PALM BEACH FL 33412☐ DeleteTITLE
NAME
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CITY-ST-ZIP☐ Change ☐ Add

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 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

Christina Teahan

4/11/00 (561) 775-7771
Date Daytime Phone #