

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2002 90038 010 ***150.00

DOCUMENT # P96000002638

1. Entity Name
CNP, INC.

Principal Place of Business

**2500 NE 18TH TERRACE
 GAINESVILLE FL 32609**

Mailing Address

**2500 NE 18TH TERRACE
 GAINESVILLE FL 32609**

2. Principal Place of Business

8200 NW 15th PLACE

Suite, Apt. #, etc.

3. Mailing Address

8200 NW 15th PLACE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FLORIDA

Zip

32606

Country

ALACHUA

City & State

GAINESVILLE, FLORIDA

Zip

32606

Country

ALACHUA

4. FEI Number

59-3353454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PERRY, CHARLES R
 2500 NE 18TH TERRACE
 GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

Name

CHARLES R. PERRY

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

8200 NW 15th PLACE

City

GAINESVILLE, FLORIDA FL

Zip Code

32606

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.

GENERAL PARTNER

(NOTE: Registered Agent signature required when reinstating)

JANUARY 16, 2002

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 **PD** ☐ Delete
 NAME **PERRY, CHARLES R**
 STREET ADDRESS **2500 NE 18TH TERR**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PERRY, CHARLES R.**
 STREET ADDRESS **8200 NW 15th PLACE**
 CITY-ST-ZIP **GAINESVILLE, FL. 32606**

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

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

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

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

TITLE ☐ Change ☐ 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

JANUARY 16, 2002

Date

352-331-4088

Daytime Phone #

CR2E034 (9/01)