FILED May 06, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	MITUKM BUSINE	05-06-2003 90146 001 ***900.00							
1. Entity Nar	MENT # P960000754 NPEO IV, INC.								
Principal Place of Business		Mailing Address			55038047				
25 SECOND ST N #200		25 SECOND ST N #200				JJUJ0	047		
SAINT PETERSBURG, FL 33701 US		SAINT PETERSBURG, FL 33701 US							
									I
Principal Place of Business 3.		3. Mailing Address							l
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			CO DAREGOS			pplied For ot Applicable	-
Zip Country		Zip Count		try	5. Certificate of Status Desired S8.75 Addition Fee Required		ditional	1	
<u> </u>	6. Name and Address of Current F	Registered Agent	·	<u></u> -	7. Name and Address of New				+
1411 1 6 1601		Name	1				1		
MILLS, WILLIAM H III 25 2ND STREET N				Street Address	P.O. Box Number is Not Accept	able)			\dashv
SUITE 200 ST. PETERSBURG, FL 33701				25	SEWINA ST. N	00°, 57c	200		1
31. FEIEN	350RG, FL 33701			_		,			
		//		CHST. PE	TENSBURG	FL	Zin Cox	301	1
8. The above	named entity submits his statement for	ne purpose of changing its r	egistere	d office or register	red agent, or both, in the State of	Florida, 1 am f	amiliar with	and accept	1
ine obliga:	tions of registered agent.	P	. \/.	1 / 10-	- ^	#/\c/			
SIGNATURE Signature, typed or p miled name of registered agent and title if applicable. (NOTE: Registered Agent Agent Signature dequired when reinstaine) ATE									
FILE NOW!!! -FEE:IS \$150:00									
Afte	r May 1, 2003 Fee will be \$550.00				Election Campaign Trust Fund Contribu			O May Be	
Make Check	Payable to Florida Department o	f State			Trust Fulla Contribu	auon	Aude	J to rees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO C	FFICERS AND],
TITLE NAME	CD VAN SON, PETER	☐ Delete	10 LE	- 1			☐ Change	Addition	1 5
STREET ADDRESS	1		Ц.	ET ADDRESS					
CITY-ST-2P	ST. PETERSBURG, FL 33703		CITY	ST - ZIP					֓֞֝֝֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡
TITLE	D DUDNO STEVEN D	☐ Delete	TITLE	i i			🔲 Change	☐ Addition	2
NAME STREET ADDRESS	BURNS, STEVEN P P O BOX 730		NAMI	ET ADDRESS					-
CITY-ST-2IP	ST PETERSBURG, FL 33731		i i	ST-ZIP					
TITLE	D	☐ Delete	TITLE	l l			☐ Change	Addition	1
NAME STREET ADDRESS	HIRSCH, KEVIN MD		NAME	ET ADDRESS					1
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		B	ST-ZIP					
TITLE	D	Delete	TITLE				☐ Change	Addition	1
NAMÉ	TYLER, DEAN	. AIF	NAME	l l					
STREET ADDRESS CITY-ST-ZIP	310 COFFEE POT RIVIERA BLVD SAINT PETERSBURG, FL 33704	INE	A	ST-ZIP					
TITLE	D	De lete	TITLE			• • •	☐ Change	☐ Addition	1
NAME	HOGAN, GERALD		NAME	i			•		
STHEET ADDRESS CITY-ST-ZIP	501 BRIGHTWATERS BLVD ST. PETERSBURG, FL 33704		3	ST-ZIP					
TITLE	DSP	Delete	TITLE				☐ Change	Addition	┨
NAME	MILLS, WILLIAM H III	C_1 Delete	NAME	,			Otenigo	C Madrical	
STREET ADDRESS	886 RAFAEL BLVD., N.E.		B	T ADDRESS					-
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	this filinginas not qualify for		ST-ZIP	otion 110 07/3Vi). Elevido Statuto	n I further as ==	futhor that	nformation	-
12. I hereby certify that the information supplied with this filing/foes 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 preport 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 further than an arrives, with all other like empowered.									
CICKIAT	TIDE TIME	a ATTEN 1	/A. I	SWICED	whalas	717	(727	33/	
SIGNAT	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OF	R DIRECT		11-1107	//	ر مر ر د همونه	- 11	