

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075190

1. Entity Name

C.P.I. ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business
2427 INDUSTRIAL DR.
PANAMA CITY FLMailing Address
2427 INDUSTRIAL DR.
PANAMA CITY FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3539733

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

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

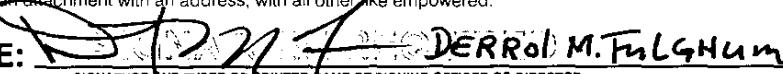
9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME FULGHUM, HARRY E
STREET ADDRESS 6501 HARBOR BLVD.
CITY-ST-ZIP PANAMA CITY BCH FL 32407 DeleteTITLE D
NAME FULGHUM, DERROL M
STREET ADDRESS 803 WYOMING AVE.
CITY-ST-ZIP LYNN HAVEN FL 32444 DeleteTITLE D
NAME FULGHUM, ROGER
STREET ADDRESS 7121 WEST LAKELAND DRIVE
CITY-ST-ZIP PANAMA CITY FL 32404 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition2978 Paradise Lake Road
Chipley, FL 32428TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 850-763-7044

Date

Daytime Phone #

0047646 AV

CR2E034 (9/01)