

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073539

1. Entity Name

P.Z. NAPPS INC.

Principal Place of Business

1733 AUGUSTINE PLACE
TALLAHASSEE FL 32301

Mailing Address

PO BOX 21341
TALLAHASSEE FL 32316

2. Principal Place of Business

104-B W. PALMER AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

Zip

32301

Country

LEON

Zip

Country

4. FEI Number

59-3593127

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

YARBROUGH, TRAVIS
2731 BLAIRSTONE ROAD # 142
TALLAHASSEE FL 32301

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, 2001 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 PDST
NAME YARBROUGH, TRAVIS
STREET ADDRESS 2731 BLAIRSTONE RD #142
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

TRAVIS D. YARBROUGH

JAN. 10, 2001

(850) 321-6217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90106 022 ***150.00

00047285



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)