

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90144 041 \*\*\*158.75

**DOCUMENT # P94000009133**

1. Entity Name  
**NAAPAP ENTERPRISES, INC.**

Principal Place of Business

**522 B 1ST STREET  
 PORT ST JOE FL 32456  
 US**

Mailing Address

**522 B 1ST STREET  
 PORT ST JOE FL 32456  
 US**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 416**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PORT ST JOE, FL**

4. FEI Number

**59-3222368**

Applied For

Not Applicable

Zip

Country

**Zip 32456 Country USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PITTMAN, NAPOLEON  
 760 BORDERS ROAD  
 WEWAHITCHKA FL 32465**

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 State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PITTMAN, NAPOLEON</b>	
STREET ADDRESS	<b>760 BORDERS ROAD</b>	
CITY-ST-ZIP	<b>WEWAHITCHKA FL 32465</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>PITTMAN, PHYLLIS A</b>	
STREET ADDRESS	<b>760 BORDERS ROAD</b>	
CITY-ST-ZIP	<b>WEWAHITCHKA FL</b>	
TITLE	<b>AD</b>	<input type="checkbox"/> Delete
NAME	<b>PITTMAN, TIMOTHY N</b>	
STREET ADDRESS	<b>760 BORDERS ROAD</b>	
CITY-ST-ZIP	<b>WEWAHITCHKA FL 32465</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**PHYLLIS A. PITTMAN**

**15 Apr 02**

**(850)648-0147**

SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)