2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
04-14-2001 90012 019 ***150.00

0056449

DOCUMENT # H15102

1. Entity Name
REAL ESTATE NAVIGATORS, INC.

Principal Place of Business	Mailing Address
174 WEST COMSTOCK AVENUE SUITE 220 WINTER PARK FL 32789	174 WEST COMSTOCK AVENUE SUITE 220 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
861 Clydesdale Dr.	P.O. Box 940399
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland, Fl.	City & State: MAITLAND, Fl.
Zip: 32751 Country: ORANGE	Zip: 32794-0399 Country: ORANGE

4. FEI Number 59-2451818 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, CHARLES E.
174 WEST COMSTOCK AVE
SUITE 220
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name: Chambers, Charles E.
Street Address (P.O. Box Number is Not Acceptable): 861 Clydesdale Dr.
City: Maitland **FL** Zip Code: 32751

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: Charles E. Chambers DATE: 4/6/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD CHAMBERS, CHARLES E. 861 CLYDESDALE DRIVE MAITLAND FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Charles E. Chambers 4/6/2001 (407) 644-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #