FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 23 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # c99000030776

1. Entity Name
The Navigator Group of Ocala, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7340 N US Highway 27	7340 N US Highway 27
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala FL
Zip: 34482 Country: Marion	Zip: 34482 Country: Marion

DO NOT WRITE IN THIS SPACE

4. FEI Number: 31-1642853 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kerry Ezrol, Esq.

Street Address (P.O. Box Number is Not Acceptable): 3099 E. Commercial ~~Blvd., Suite 200~~

City: Ft. Lauderdale FL Zip Code: 33308

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 _____ DATE
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PLEASE SEE ATTACHED	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Jeffrey C. Wade 4-30-02 (937) 382-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034B (12/01)

JF 8/23/02

NAVIGATOR GROUP OF OCALA, INC. OFFICERS

Steven A. Crandall, Sr., President
94 North South Street
Wilmington, Ohio 45177

Kelly Grandstaff, Vice-President
94 North South Street
Wilmington, Ohio 45177

Jeffrey C. Wade, Vice President, Secretary
94 North South Street
Wilmington, Ohio 45177