

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90363 045 ***150.00

DOCUMENT # 409575

1. Entity Name

NAVAIR DEVELOPMENT CORPORATION

Principal Place of Business

13333 JOHNSON BEACH RD., #803
 PENSACOLA FL 32507

Mailing Address

13333 JOHNSON BEACH RD., #803
 PENSACOLA FL 32507-9616

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 **59-1418448**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMONI, LORETTA A
 EMMANUEL, SHEPPARD & CONDON
 30 S. SPRING STREET
 PENSACOLA FL 32501**

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, 2000 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 **PO** ☐ Delete
 NAME **HOLCOMBE, GARY L**
 STREET ADDRESS **13333 JOHNSON BEACH RD., #803**
 CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **VD** ☐ Delete
 NAME **MURPHY, ROGER W**
 STREET ADDRESS **4151 BLUE IRIS HOLLOW**
 CITY-ST-ZIP **NORCROSS GA 30092**

TITLE **VD** ☒ Change ☐ Addition
 NAME **ROGER Wayne Murphy**
 STREET ADDRESS **13215 W. Plain Blvd**
 CITY-ST-ZIP **P.O. B. 334, VANCOUVER, WA 98684-6991**

TITLE **SD** ☐ Delete
 NAME **GILBERT, LOWELL A**
 STREET ADDRESS **P.O. 599**
 CITY-ST-ZIP **CONIFER CO 80433**

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

TITLE **TD** ☐ Delete
 NAME **HOLCOMBE, D. RODNEY**
 STREET ADDRESS **418 QUILLEN AVE**
 CITY-ST-ZIP **FOUNTAIN INNS SC 29644**

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

TITLE **D** ☐ Delete
 NAME **BAKER, WILLARD K**
 STREET ADDRESS **4611 CEDAR KEYS LANE**
 CITY-ST-ZIP **STONE MT. GA 30083**

TITLE **D** ☒ Change ☐ Addition
 NAME **Willard K. Baker**
 STREET ADDRESS **294 Russell Road, N.W.**
 CITY-ST-ZIP **Lawrenceville GA 30243**

TITLE **D** ☐ Delete
 NAME **DEAKE, RAY N**
 STREET ADDRESS **2306 EMERALD FALLS DR.**
 CITY-ST-ZIP **DECATUR GA 30035**

TITLE **D** ☒ Change ☐ Addition
 NAME **Ray Deake**
 STREET ADDRESS **2306 Kirk Road**
 CITY-ST-ZIP **Asheboro, NC 28315-4551**

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:

GARY L. HOLCOMBE **4-20-00** **8504921669**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E034 (9/99)