2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 425690 1. Entity Name FIRST NAVY BANK							Secretary of State 02-26-2002 90058 013 ***150.00					
Principal Plac NAVAL AIR S PENSACOLA		S	Mailing Address NAVAL AIR STATION 180 TAYLOR RD PENSACOLA FL 32508-5308 US				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
2. Principal F	Place of Busin	ess	3. Mailing Address					194 BAND BANKS NUBBN 1 1	II HAII ŞIRII BIL		ali 118 11 (33)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Number	59-1482537		⊢	plied For t Applicable	
Zip	Country		Zip Count		try	5. Certificate of Status Desir		tatus Desired	\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						—						
KENNEDY, TONIE 8242 LIFAIR DRIVE					Street Address (P.O. Box Number is Not Acceptable)							
PENSACOLA FL 32506												
		City					FL	Zip Code	;			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! F After May 1, 2002 F					IS \$150.0 will be \$5	50.00	10. Election	n Campaign Fin			May Be to Fees	
(See criteria on back) 11. OFFICERS AND D			Make Check Payable to Department of IRECTORS 12.				DDITIONS/CHA	NGES TO OFFI	CERS AND I	DIRECTORS	UN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURR, JIN NAVAL AIF PENSACO		□ Delete	NAM. STRE	i 1		<u> </u>	<u> </u>		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, M TONIE R Station, 180 Taylof Ja Fl 32508	□ Delete		ſ					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, NAVAL AII PENSACO	GLENN E R Station, 180 Taylof La Fl 32508	Delete -						r	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NNA L R STATION, 180 TAYLOR LA FL 32508	☐ Delete		1					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAVAL AIF	RY, WILLIAM P R STATION 180 TAYLOR LA FL 32508	□ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AYMOND R STATION, 180 TAYLOR LA FL 32508	☐ Delete		ŀ	,				☐ Change	Addition	

13. Thereby certify that the information supplied with this filling 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 SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 850-453-3411