

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90039 030 ****61.25

DOCUMENT # 748738

1. Entity Name

NAVARRE REFLECTIONS, INC.

Principal Place of Business

Mailing Address

**909 MAR WALT DR., SUITE 1014
 FT. WALTON BEACH FL 32547**

**909 MAR WALT DR., SUITE 1014
 FT. WALTON BEACH FL 32547-6757**

2. Principal Place of Business
7785 Gulf Blvd.

3. Mailing Address
7785 Gulf Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Navarre Beach, FL

City & State
Navarre Beach, FL

4. FEI Number
63-0788494

Applied For
 Not Applicable

Zip
32561

Country
U.S.A.

Zip
32561

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCINNIS, C. JEFFREY
 ANCHORS, FOSTER, MCINNIS, & KEEFE, P.A.
 909 MAR WALT DR., STE. 1014
 FT. WALTON BEACH FL 32547**

Name
Crew & Crew, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
25 Beal Pkwy., NE #210
 City
Pt. Walton Beach **FL** Zip Code
32548

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 **Michael H. Crew, President** **4/21/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **DEUMITE, NORMAN**
 STREET ADDRESS **10849 PERKINS RD.**
 CITY-ST-ZIP **BATON ROUGE LA**

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

TITLE **STD** ☐ Delete
 NAME **MILLER, SCOTT**
 STREET ADDRESS **204 ST. ANDREWS**
 CITY-ST-ZIP **JACKSON MS 39211**

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

TITLE **S** ☒ Delete
 NAME **HEARIN, JANET**
 STREET ADDRESS **2020 STEEL BLVD.**
 CITY-ST-ZIP **BATON ROUGE LA**

TITLE **D** ☐ Change ☒ Addition
 NAME **DICK HEARIN**
 STREET ADDRESS **2020 STEEL BLVD**
 CITY-ST-ZIP **BATON ROUGE, LA 70808**

TITLE **VD** ☐ Delete
 NAME **BURCKHALTER, STEVE**
 STREET ADDRESS **10185 WESTWIND DR.**
 CITY-ST-ZIP **SHREVEPORT LA 71106**

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

TITLE **D** ☐ Delete
 NAME **YOCUM, ELIZABETH A**
 STREET ADDRESS **4317 - 28TH EAST**
 CITY-ST-ZIP **TUSCALOOSA AL 35404**

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

TITLE **PD** ☐ Delete
 NAME **YOCUM, JAMES A**
 STREET ADDRESS **4317 - 28TH EAST**
 CITY-ST-ZIP **TUSCALOOSA AL 35404**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael H. Crew, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 601-922-8331

Date

Daytime Phone #