

FILED
May 28, 2002 8:00 am
Secretary of State

04-08-2002 90233 040 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01046

1. Entity Name

NAVCO INTERNATIONAL, INC.

Principal Place of Business

401 A1A HIGHWAY
UNITE 121
SATELLITE BEACH FL 32937

Mailing Address

401 A1A HIGHWAY
UNITE 121
SATELLITE BEACH FL 32937

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2109935

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



8. Name and Address of Current Registered Agent

HIGGINBOTHAM, TRACEY C
3935-L NORTH U.S. 1
COCOA FL 32927

7. Name and Address of New Registered Agent

Name: P. VISHNEVETSKY
Street Address (P.O. Box Number is Not Acceptable):
3935-L NORTH US 1
City: COCOA FL Zip Code: 32927

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: P. VISHNEVETSKY PRESIDENT

6 MAY 02

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VISHNEVETSKY, PATRICIA	
STREET ADDRESS	401 A1A HWY, #121	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGINBOTHAM, TRACEY	
STREET ADDRESS	3935-L NORTH US 1,	
CITY-ST-ZIP	COCOA, FL 32937	
TITLE	PRESIDENT,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISHNEVETSKY, PATRICIA	
STREET ADDRESS	3935-L NORTH US 1	
CITY-ST-ZIP	COCOA, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: PATRICIA VISHNEVETSKY PRESIDENT

3/31/02 (321) 632-5726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)