

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005877

1. Entity Name

NAVIGATOR COMMUNICATIONS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90002 047 ***150.00

Principal Place of Business

Mailing Address

14 PERIMETER CENTER E., STE 1408
ATLANTA GA 30346

14 PERIMETER CENTER E., STE 1408
ATLANTA GA 30346-1703

2. Principal Place of Business

123 N. Monroe St.

3. Mailing Address

14 Perimeter Ctr.E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

XXX P.O.421487

City & State

Tallahassee, FL 32301

City & State

Atlanta, Ga. 30342

4. FEI Number

58-2498152

Applied For

Not Applicable

Zip

32301

Country

Leon

Zip

30342

Country

Fulton

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

GILMORE, DENISE
123 N MONROE STREET
TALLAHASSEE FL 32301

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 ☐ Delete
NAME PCD
STREET ADDRESS ELIAS, THOMAS B
CITY-ST-ZIP 372 PINE STREET RD
ATLANTA GA

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

TITLE ☐ Delete
NAME V
STREET ADDRESS ELIAS, JANE G
CITY-ST-ZIP 4575 TALL PINES DR., NW
ATLANTA GA

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

TITLE ☐ Delete
NAME VSTD
STREET ADDRESS ELIAS, WILLIAM S
CITY-ST-ZIP 4575 TALL PINES DR., NW
ATLANTA GA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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: Thomas B. Elias, President April 14, 2000 770-671-8930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)