

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90103 012 \*\*\*155.00

**DOCUMENT # F99000005877**

1. Entity Name

**NAVIGATOR COMMUNICATIONS, INC.**

Principal Place of Business

**2811-E INDUSTRIAL PLAZA  
TALLAHASSEE FL 32301**

Mailing Address

**372 PINE FOREST RD. NE  
ATLANTA GA 30342**

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

**58-2498152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GILMORE, DENISE**

**2811-E INDUSTRIAL DR PL  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

**Amy Farmer (PARMER)**

Street Address (P.O. Box Number is Not Acceptable)

**2811-E Industrial Plaza Dr**

City

**Tallahassee**

FL

Zip Code

**32301**

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 **AMY PARMER**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-30-02**

CR2E034 (9/01)