

2001 UNIFORM BUSINESS REPORT (UBR)

0005332 AF

DOCUMENT # L00000010322

1. Entity Name
NAVTRAV.COM LLC

FILED

01 MAY -1 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
200 E. ROBINSON ST., SUITE 1245
ORLANDO FL 32801

Mailing Address
200 E. ROBINSON ST., SUITE 1245
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 SAVAGE COURT
Suite, Apt. #, etc.

3. Mailing Address
500 SAVAGE CT
Suite, Apt. #, etc.

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

4. FEI Number
59-3673624

Applied For
Not Applicable

Zip Country
32750 USA

Zip Country
32750 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, SCOTT
200 E. ROBINSON ST., SUITE 1245
ORLANDO FL 32801

Name
PETERSON, SCOTT
Street Address (P.O. Box Number is Not Acceptable)
500 SAVAGE CT

City Zip Code
LONGWOOD FL 32750

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME SCOTT PETERSON
STREET ADDRESS 500 SAVAGE CT
CITY-ST-ZIP LONGWOOD, FL 32750 ☐ Delete

TITLE NAME 0000004271910-4
STREET ADDRESS -05/18/01--01115--001
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/01

407-265-9450

CR2E083 (11/00)