

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000833

1. Entity Name

GLOBAL NAVIGATION AND SURVEILLANCE SERVICES, L.C

APPROVED  
AND  
FILED

00 APR 21 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

87 CEDAR ST.  
ST AUGUSTINE FL 32085

Mailing Address

87 CEDAR ST.  
ST AUGUSTINE FL 32084-4311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MEM

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3335476

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TERRELL, BRUCE A  
87 CEDAR ST.  
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
STREET ADDRESS TERRELL, BRUCE A  
CITY- ST- ZIP 87 CEDAR ST.  
ST AUGUSTINE FL 32085 ☐ Delete

TITLE NAME MGR  
STREET ADDRESS TERRELL, GLENNA M  
CITY- ST- ZIP 87 CEDAR ST.  
ST AUGUSTINE FL 32085 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
4000003245654-3  
-05/09/00-01125-006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

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 OR MANAGER

Date

Daytime Phone #

4-15-00

CR2E083 (9/99)