

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018311 AF

DOCUMENT # L99000005973

1. Entity Name  
NAVIGATOR FINANCIAL SERVICES, L.L.C.

FILED

01 FEB -2 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

505 AVENUE A, N.W.  
SUITE 101 D  
WINTER HAVEN FL 33881

Mailing Address

505 AVENUE A, N.W.  
SUITE 101 D  
WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

595 Cypress Gardens Blvd  
Suite, Apt. #, etc.  
Suite 310

PO Box 671  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number APPLIED FOR  
59-3614722

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

33880-4410

Zip

Country

33882-0671

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

FORBES, WILLIAM J

505 AVENUE A, N.W.

SUITE 101 D

WINTER HAVEN FL 33881

Name

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

595 Cypress Gardens Blvd Suite 310

City

FL

Zip Code

33880-4410

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 W J Forbes

Managing Member

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/2001  
DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FORBES, WILLIAM JAMES  
505 AVENUE A, N.W.  
WINTER HAVEN FL 33881 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
395 Cypress Gardens Blvd Suite 310  
33880-4410 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300003662493--7  
-02/08/01--01115-017 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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: W J Forbes

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

1/28/2001 863-294-3278  
Date Daytime Phone #

CR2E083 (11/00)