

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90049 042 \*\*\*\*\*50.00

**DOCUMENT # L99000005973**

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



Principal Place of Business  
**595 CYPRESS GARDENS BLVD.  
SUITE 310  
WINTER HAVEN FL 33880-4410**

Mailing Address  
**PO BOX 671  
WINTER HAVEN FL 33882-0671**

20019508



2. Principal Place of Business

**129 Woden Way SE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3614722**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33884**

**FL**

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  
595 CYPRESS GARDENS BLVD  
SUITE 310  
WINTER HAVEN FL 33880-4410**

Name

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

**129 Woden Way SE**

City

**FL**

Zip Code

**33884**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William J Forbes*  
Signature, typed or printed name of registered agent and title if applicable.

*William J Forbes*  
(NOTE: Registered Agent signature required when reinstating)

*1/9/2003*  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **FORBES, WILLIAM JAMES**  
STREET ADDRESS **595 CYPRESS GARDENS BLVD SUITE 310**  
CITY-ST-ZIP **WINTER HAVEN FL 33880-4410**

TITLE ☐ Change ☐ Addition  
NAME **129 Woden Way SE**  
STREET ADDRESS **33884**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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: *William J Forbes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*1/9/2003 863-2586570*  
Date Daytime Phone #

CR2E083 (10/02)