## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P0000079853 STRATEGY NAVIGATORS, INC. 04-11-2001 90098 040 \*\*\*150.00 Principal Place of Business Mailing Address 4311 RUSTLING LEAF LANE 4311 RUSTLING LEAF LANE JACKSONVILLE FL 32258 JACKSONVILLE FL 32258 00034411 2. Principal Place of Business 3. Mailing Address 1250 OLD ST. AUGUSTING Rd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable ΖÞ Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMASON, ROBERT F JR. Street Address (P.O. Box Number is Not Acceptable) 4311 RUSTLING LEAF LANE JACKSONVILLE FL 32258 City Zip Code 8. The above named ent. statement for the purpose of changing its registered office or registered agent, or both, in the Stato of Florida SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (10/00) Addition NAME AMASON, ROBERT F JR. NAME STREET ADDRESS 4311 RUSTLING LEAF LANE STREET ADDRESS CITY-ST-ZIP CIEY-ST-ZIP JACKSONVILLE FL 32258 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Audition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20 CITY-ST-ZIP BULE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 at other like empowered.

SIGNATURE: Stanatore and report Painted Name of Signing Officer or Director.

Date Dayling Proce #