

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90226 031 \*\*\*150.00

**DOCUMENT # P19144**

1. Entity Name  
**CUSTOM NAVIGATION SYSTEMS SOUTH, INC.**



Principal Place of Business  
**3200 S. ANDREWS AVE. STE 100  
SUITE 100  
FT. LAUDERDALE FL 33316**

Mailing Address  
**3200 S. ANDREWS AVE. STE 100  
SUITE 100  
FT. LAUDERDALE FL 33316**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0046659**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ANDREWS, JOHN~~  
~~15010 NE 4TH AVENUE~~  
~~FORT LAUDERDALE FL 33304~~

Name **E. Scott Golden, Attorney**  
Street Address (P.O. Box Number is Not Acceptable)  
**644 Southeast 4th Avenue**  
City **Ft. Lauderdale** **FL** Zip Code **33301**

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 *E. Scott Golden*  
Signature, typed or printed name of registered agent and title if applicable.

*E. Scott Golden*  
(NOTE: Registered Agent signature required when reinstating)

*2/14/03*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PD~~ ☒ Delete  
NAME ~~MAYER, TOWNSEND E~~  
STREET ADDRESS ~~3200 S. ANDREWS AVE #100~~  
CITY-ST-ZIP ~~FT. LAUDERDALE FL~~

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

TITLE ~~VD~~ ☐ Delete  
NAME **GRAHAM, JONATHAN**  
STREET ADDRESS **3200 S. ANDREWS AVE #100**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☒ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **President/Director**  
STREET ADDRESS **Billy Hawkins**  
CITY-ST-ZIP **5330 N.E. 6th Avenue**  
**Oakland Park, Florida 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Vice-President/Director**  
STREET ADDRESS **Douglas Fordon**  
CITY-ST-ZIP **150 S. Bel-Air Drive**  
**Plantation, Florida 33317**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Secretary/Treasurer/Director**  
STREET ADDRESS **Roseann Fordon**  
CITY-ST-ZIP **150 S. Bel-Air Drive**  
**Plantation, Florida 33317**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roseann Fordon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/13/03* *954-761-3678*  
Date Daytime Phone #

CR2E034 (10/02)